

# Rainbow Nannies

Please Complete and Fax to: (866) 558-0290.

**BABY NURSE APPLICATION**

Date: \_\_\_\_\_

Select Type of Care:    24-Hour    Night Care    Day Care

Requested Wages:    Nights: \_\_\_\_\_    Days: \_\_\_\_\_    24-Hour: \_\_\_\_\_  
 Single: \_\_\_\_\_    Twins: \_\_\_\_\_    Triplets: \_\_\_\_\_

**Personal Information**

First Name: \_\_\_\_\_    Last Name: \_\_\_\_\_    Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

If less than 2 years, please list previous address. (Students, please enter your home address below.)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

Phone: \_\_\_\_\_    Mobile: \_\_\_\_\_    Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_    Social Security Number: \_\_\_\_\_

Are you a legal citizen of the United States?    Yes    No

If not, are you authorized to work in the United States?    Yes    No

**Education**

School	City, State	Major/Minor	# of Years	Degree

**Describe any specialized education you've received in Newborn Care:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Describe any other related courses or training you have taken:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have experience with special needs infants? Please describe: \_\_\_\_\_

Are you certified in CPR?  Yes  No Date of Expiration: \_\_\_\_\_

Are you certified in First Aid?  Yes  No Date of Expiration: \_\_\_\_\_

### General Health Information

Do you smoke?  No  Yes Do you drink?  No  Yes Date of Last Physical: \_\_\_\_\_

Are you taking any medications?  No  Yes: \_\_\_\_\_

Do you have any medical conditions that will make it difficult for you to work?  No

Yes: \_\_\_\_\_

Have you ever seen a doctor for emotional issues, depression, or mental disorder(s)?  No

Yes: \_\_\_\_\_

Do you own your own car?  No  Yes: \_\_\_\_\_

(Please list year and make, and license plate number)

Please describe your driving record:

Are you allergic to cats or dogs?  No Cats:  Yes Dogs:  Yes

### Transportation and Background Information

Do you have your own vehicle?  Yes  No Drivers License #: \_\_\_\_\_

Make/Model of Vehicle: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you been ticketed for any reason or had a traffic accident in the past 5 years?  No

Yes: \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  No

Yes: \_\_\_\_\_

Have you ever been indicated as a perpetrator in a child abuse/neglect investigation?  No

Yes: \_\_\_\_\_

## Baby Nurse Positions

How many months or years experience do you have as a... Nanny? \_\_\_\_\_ Baby Nurse? \_\_\_\_\_  
How many Baby Nurse positions have you completed? \_\_\_\_\_

## Additional Information

Do you have any visible body piercing or tattoos?  No  Yes: \_\_\_\_\_

Are you available to travel out of state?  No  Yes: \_\_\_\_\_

What languages are you fluent in? \_\_\_\_\_

What sleeping arrangement will you accept (i.e. in the baby's room, on the sofa, on the floor with a quilt, in a room of your own, etc.)? \_\_\_\_\_

What unique skills would you bring to a family as their Baby Nurse?  
\_\_\_\_\_  
\_\_\_\_\_

What do you find most rewarding about your work as a Newborn Specialist?  
\_\_\_\_\_  
\_\_\_\_\_

How would you best describe yourself? How do you like to spend your free time?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us about your family background, where you grew up, what your family was like, your child care experience, why you want to be a Baby Nurse, and what is most important to you:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Please check the following areas you have had experience in, not including your own children:

- |   |   |
|---|---|
| <input type="checkbox"/> Placing an infant on a feeding/sleeping schedule | <input type="checkbox"/> Umbilical Care                           |
| <input type="checkbox"/> Caring for a colic infant                        | <input type="checkbox"/> Caring for a premature infant            |
| <input type="checkbox"/> Caring for an infant with reflux                 | <input type="checkbox"/> Caring for newborn triplets              |
| <input type="checkbox"/> Apnea Monitor                                    | <input type="checkbox"/> Caring for newborn quadruplets           |
| <input type="checkbox"/> Heart Monitor                                    | <input type="checkbox"/> Breastfeeding support                    |
| <input type="checkbox"/> Gastrointestinal Tube                            | <input type="checkbox"/> Assisting with sibling interaction       |
| <input type="checkbox"/> Circumcision Care                                | <input type="checkbox"/> Older babies and toddlers sleep training |

**Employment History** (Please list employment chronologically from present.)

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Times to call: \_\_\_\_\_

Type of Care:  24-Hour  Days  Nights

You cared for:  Twins  Triplets  Single(s)  Toddler(s)

Number of Children: \_\_\_\_\_ Children's Ages: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer?  Yes  No

(If Yes, list phone number and contact name. If No, state reason.): \_\_\_\_\_

\_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Departure: \_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Times to call: \_\_\_\_\_

Type of Care:  24-Hour  Days  Nights

You cared for:  Twins  Triplets  Single(s)  Toddler(s)

Number of Children: \_\_\_\_\_ Children's Ages: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer?  Yes  No

(If Yes, list phone number and contact name. If No, state reason.): \_\_\_\_\_

\_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Departure: \_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Times to call: \_\_\_\_\_  
Type of Care:  24-Hour  Days  Nights  
You cared for:  Twins  Triplets  Single(s)  Toddler(s)  
Number of Children: \_\_\_\_\_ Children's Ages: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
May we contact this employer?  Yes  No  
(If Yes, list phone number and contact name. If No, state reason.): \_\_\_\_\_  
\_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Departure: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all the information above is true:

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Any omission or misrepresentation of information is grounds for immediate dismissal.