



# BE INTERNATIONAL RECRUITING

## Au Pair/Nanny/Caregiver Application Form

Please complete neatly and use black ink. Tick where applicable.

### PERSONAL DETAILS:

First Name:		Middle Init:	Surname:		Please attach a passport size photo of yourself <b>(Smiling!!!)</b>
Street Address: _____		City / Zip Code:			
_____		Province:	Country:		
Telephone Number:		Fax Number:			
E-mail Address:		Age:	Date of birth (m / d / y): / /		
City of birth:		Country of Birth:			
Religion:		Marital status:			
Hair Color:	Eye Color:	Height / Weight (cm/kg):			
Earliest Available Departure Date: / /		Last Available Departure Date: / /		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passport Number:		Passport Expiration Date: / /			
Emergency contact:		Relationship:			
Street Address: _____		City / Zip Code:		Province:	
_____		Country:			
Telephone Number:		Fax Number:		E-mail Address:	

### EDUCATION HISTORY:

Dates Attended (m / y)	Name of School/College/University	Main Subject Studied	Graduated (Yes / No)	Type of Diploma Obtained
From	To			

### KNOWLEDGE OF FOREIGN LANGUAGES, VISITS ABROAD & HOBBIES

Knowledge of the host country's language (_____): <input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None	Other spoken languages: _____ <input type="checkbox"/> Native <input type="checkbox"/> Fluent <input type="checkbox"/> Fair _____ <input type="checkbox"/> Native <input type="checkbox"/> Fluent <input type="checkbox"/> Fair
List interests, talents, school activities and honors: Do you swim, ski, have a background in or experience with arts & crafts, music, dance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please detail: _____ _____	
Do you cook or have other child-related skills that a host family should know when reviewing your file? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please detail: _____ _____	
Would you like to be placed with a family that has pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please detail: _____ _____	
Do you have a first aid certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please state the date issued (m / d / y): ____/____/____	
Have you ever participated on a work travel/exchange program? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please detail program(s), the organization(s) which you traveled with and in which year(s): _____ _____	

**CAREGIVING EXPERIENCE** (please detail any teaching, medical, baby-sitting, youth group, au pair, tutoring, etc. experience):

Dates (m / y)		Ages of Children (years and months when started)	Position	Responsibilities (changing diapers, bathing, games, etc.)	How Often (how many hours/week, daily, weekly, monthly)	Referee (please include telephone number)
From	To					

**EMPLOYMENT HISTORY** (don't list jobs already listed in the EXPERIENCE section):

Dates (m / y)		Employer / Company (please include address and phone)	Position / Duties (start with present occupation)
From	To		

**AGE GROUP EXPERIENCE AND PREFERENCES:**

<p><b>Experience with Age Groups:</b> <i>(check appropriate groups)</i></p> <p><input type="checkbox"/> 3 – 24 months <input type="checkbox"/> 2 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> Over 10 years</p> <p>Describe special care given: _____ _____ _____</p>	<p><b>Preferred Age Groups:</b> <i>(check as many as desired)</i></p> <p><input type="checkbox"/> 3 – 24 months <input type="checkbox"/> 2 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> Over 10 years</p> <p>Special care preferred: _____ _____ _____</p>	<p><b>Family Preferences:</b> <i>(If you do NOT wish to be placed with a family like the following, please mark it)</i></p> <p><input type="checkbox"/> Special Needs</p> <p><input type="checkbox"/> 3 – 24 months <input type="checkbox"/> 2 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> Over 10 years</p> <p><input type="checkbox"/> a single parent family <input type="checkbox"/> a family of a different faith <input type="checkbox"/> a family of a different race</p>
---	--	---

**DETAILS ON FAMILY BACKGROUND:**

<b>Parents:</b>	<b>Mother:</b>	<b>Father:</b>
Surname:		
First Name:		
Occupation:		
City / Zip Code:		
Country:		
Phone Number:		
Are they supportive of your decision to come to foreign country ( _____ )? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Siblings:</b>	<b>Sisters:</b>	<b>Brothers:</b>
Number:		
Age:		

**OTHER PERSONAL DETAILS:**

What are the reasons you want to be an Au Pair/Nanny/Caregiver? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your plans following your year as an Au Pair/Nanny/Caregiver? \_\_\_\_\_  
\_\_\_\_\_

How will being an Au Pair/Nanny/Caregiver positively affect your future endeavors? \_\_\_\_\_  
\_\_\_\_\_

**OTHER PERSONAL DETAILS:**

Do you have a contact person in the area you wish to visit?  Yes  No

If yes, please give the contact person's details:

First Name, Surname: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

---

Do you have a current driver's license?  Yes  No Date issued (m/d/y): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Do you have any traffic tickets?  Yes  No If yes, explain: \_\_\_\_\_

Have you been involved in a traffic accident?  Yes  No If yes, explain: \_\_\_\_\_

Do you smoke?  Yes  No If yes, how many cigarettes per day? \_\_\_\_\_

Do you get homesick?  Yes  No If yes, explain: \_\_\_\_\_

Have you lived away from home?  Yes  No If yes, explain: \_\_\_\_\_

Have you lived out of the country?  Yes  No If yes, explain: \_\_\_\_\_

Do you have any physical or mental limitations?  Yes  No If yes, explain: \_\_\_\_\_

Do you have any medical conditions requiring treatment?  Yes  No If yes, explain: \_\_\_\_\_

Are you currently taking any medication?  Yes  No If yes, explain: \_\_\_\_\_

Do you have any allergies?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever taken illegal drugs?  Yes  No If yes, explain: \_\_\_\_\_

Do you drink alcoholic beverages?  Yes  No If yes, explain: \_\_\_\_\_

Do you have any dietary restrictions?  Yes  No If yes, explain: \_\_\_\_\_

If you are a vegetarian, can you cook or be placed with a family who eats meat?  Yes  No If yes, explain: \_\_\_\_\_

Do you have a criminal record?  Yes  No If yes, explain: \_\_\_\_\_

Do you have racial prejudices?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been married?  Yes  No If yes, explain: \_\_\_\_\_

Do you have any financial commitments?  Yes  No If yes, explain: \_\_\_\_\_

Do you like pets?  Yes  No If yes, explain: \_\_\_\_\_

If you don't like pets, are you willing to be placed in a family who has pets?  Yes  No If no, explain: \_\_\_\_\_

Can you swim?  Yes  No

**OTHER:**

How did you hear about our agency? \_\_\_\_\_

---

Have you registered with other Au Pair placement agencies?  Yes  No

If yes, which ones: \_\_\_\_\_

**CHECK LIST:**

Completed Application Form  Yes  No

2 Passport Size Photos  Yes  No

Photos with children have cared for / own family including yourself  Yes  No

“Dear Family” Letter  Yes  No

Please write a “Dear Host Family” letter to your new Host Family telling them about your childcare experience, your background, your family, and most importantly about yourself. Please remember that the letter is used by potential Host Families to learn about your and assess the suitability of your matching with the family. Please consider carefully the information you put into this letter. Please also note that once your application is submitted it becomes the property of Be International therefore please keep your own copies of references and photographs.

I have read, understood and agree abide by the conditions of the application and placement as detailed at [www.needananny.ca](http://www.needananny.ca) and the other materials included with this application. I have completed this application fully and honestly. I understand that Be International has the right to contact my next of kin and my referees without my prior consent. I understand that future Be International publicity material may include statements made by participants and/or their photographs and I consent to such use of my comments or photographs of me.

---

Place, Date Signature of the Applicant

Note: If you find any of the questions listed above as inappropriate, please do not answer. We list the questions our foreign partners are using in their recruiting process.