Au Pair Application Forms

151 East 6100 South, Suite 200 Murray, Utah 84107 801.255.7782 fax www.goAUPAIR.com

								_		
GENERAL INFORMA	TION									
First Name					□ Male □	Femal	2	Attach a	passport size	
Last Name					Age				f yourself here.	
					Birth Date			Be Sure	to Smile!	
Address					Height					
					Weight			4		
Phone Number					Hair Color			4		
Fax Number					Eye Color					
Cell Phone # Email Address					City of Birt Country of					
					<u> </u>			<u> </u>		
Passport Number					First Availa			ate		
Passport Expiration	Date			Departure Airport						
EDUCATION										
Level of Education Re	eached									
Educational and Prof	essional Train	ing								
Languages Spoken										
EXPERIENCE (childo	are, home m	anag	ement, medical	, teaching, etc	:)					
Type of childcare	Dates	Α	ges of	Responsibilit	ies	How	Often			
experience (baby-sitting, daycare		Children (years and months		(duties: changing diapers, bathing, games, walking,		(daily, weekly,			Name of Reference (include telephone	
youth group, au pair, nanny, tutoring, etc.)	To		hen started)	etc.)	ies, waiking,	mon		number)		
···a····y, cate·····g, etc.,										
		-								
EMPLOYMENT HIST	ORY (don't li	st jok	os already listed	l in the EXPER	IENCE section	1)				
Present					Employer					
occupation Address/					Date starte	ed				
Telephone Prior occupation					Employer					
Address/					Date finished					
Telephone 	L				1					

Initials_

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AGE GROUP EXPERIENCE AND PREFERENCES						
Experience with Age Groups (check appropriate Preferred Age Groups (check as many as des			Describe Special Care Ex		erience	
 □ 5 – 10 years □ Over 10 years 		□ 2 – 5 yea □ 5 – 10 ya □ Over 10	☐ 3 – 24 months ☐ 2 – 5 years ☐ 5 – 10 years ☐ Over 10 years ☐ Special Needs			
List interests, talents, school active honors:						
Do you swim, ski, have a backgro crafts, music, dance? Do you coo sellsedat a host family should kn filease check boxes and list any c	k or have ot now when re	her child-	□ Swim □ Cook	c □ Ski		
Are there any pets that you do no elephanen:	ot want to b	e placed with?				
Do you have a first aid certificate	?		□ Yes □ No)		
DRIVING INFORMATION						
Do you have a driver's license?			□ Yes □ N	lo		
When did you receive your drive	r's license?					
How long have you been driving	j?					
How many hours a week do you	drive?					
Do you feel comfortable driving	in snow?					
Do you have your own car?						
How often do you have access to	a					
How heavy is the traffic you typic	cally drive in	?				
What size of car do you drive?						
Do you have any concerns with o	driving?					
FAMILY BACKGROUND						
Father's Name			T	Occupation		
Mother's Name				Occupation		
Address			1			
Telephone Number				ortive of your deci	ision	□ Yes
Cell Phone Number			to me to Ameri	ca?		□ No
Number of Children			Do you have yo	ounger siblings?		☐ Yes ☐ No
Religious Affiliation			Attendance Frequency			

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uthfully.	ver yes or no to the following questions. Answer	1	1			
es Nó		Yes	No			
	Do you get homesick?			Do you know how to change a		
	Have you lived away from home?			diaper? Do you have a criminal record?		
	Have you lived out of the country?			Do you have any financial		
	Have you ever traveled out of the			commitments? Do you have any physical or mental		
	country? Have you ever taken illegal drugs?			limitations? Are you currently taking any		
	Do you drink alcoholic beverages?			medication? Do you have any medical conditions tespuiringt?		
	Have you ever smoked? If yes, When did you quit smoking?			Do you have any allergies?		
	Do you smoke at the clubs?			Do you have any dietary restrictions?		
	Do you have any traffic tickets?			Are you a vegetarian?		
	Have you been in a traffic accident?			If you are a vegetarian, can you cook or be placed with a family who eats		
	Do you have any racial prejudices?			meat? Are you willing to work with a single fath		
	Do you currently have a steady relationtiship?			Are you willing to work with a single moth		
	Have you ever been married?			Do you check your email daily? If no how		
	Do you have any piercings?			Have you ever been denied a visa to the Shaites before?		
	Do you have any tattoos?			Do you have friends and family in the Shaites?		
ease expla	in the details for all items to which you answered		1	1		
es"						
	Information					
ddress						
ty, State/C	Country			Postal Code		
one				1		
qgirær men gulations.		ete and	accura	_		
anature				Date		

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