



# Au Pair Application Forms

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

<b>AGE GROUP EXPERIENCE AND PREFERENCES</b>		
Experience with Age Groups (check appropriate groups)	Preferred Age Groups (check as many as desired)	Describe Special Care Experience
<input type="checkbox"/> 3 – 24 months <input type="checkbox"/> 2 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> Over 10 years <input type="checkbox"/> Special Needs	<input type="checkbox"/> 3 – 24 months <input type="checkbox"/> 2 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> Over 10 years <input type="checkbox"/> Special Needs	

List interests, talents, school activities and honors:	
Do you swim, ski, have a background in or experience with arts & crafts, music, dance? Do you cook or have other child-related skills that a host family should know when reviewing your file? Please check boxes and list any other skills.	<input type="checkbox"/> Swim <input type="checkbox"/> Cook <input type="checkbox"/> Ski
Are there any pets that you do not want to be placed with? Please explain:	
Do you have a first aid certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>DRIVING INFORMATION</b>	
Do you have a driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did you receive your driver's license?	
How long have you been driving?	
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 car?	
How heavy is the traffic you typically drive in?	
What size of car do you drive?	
Do you have any concerns with driving?	

<b>FAMILY BACKGROUND</b>			
Father's Name		Occupation	
Mother's Name		Occupation	
Address			
Telephone Number		Are they supportive of your decision to come to America?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone Number		Do you have younger siblings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Children		Attendance Frequency	
Religious Affiliation			

Initials \_\_\_\_\_ Date \_\_\_\_\_

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Please answer yes or no to the following questions. Answer truthfully.					
Yes	No		Yes	No	
		Do you get homesick?			Do you know how to change a diaper?
		Have you lived away from home?			Do you have a criminal record?
		Have you lived out of the country?			Do you have any financial commitments?
		Have you ever traveled out of the country?			Do you have any physical or mental limitations?
		Have you ever taken illegal drugs?			Are you currently taking any medication?
		Do you drink alcoholic beverages?			Do you have any medical conditions requiring?
		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 meat?
		Do you have any racial prejudices?			Are you willing to work with a single father?
		Do you currently have a steady relationship?			Are you willing to work with a single mother?
		Have you ever been married?			Do you check your email daily? If no how often?
		Do you have any piercings?			Have you ever been denied a visa to the States before?
		Do you have any tattoos?			Do you have friends and family in the States?
Please explain the details for all items to which you answered "yes"					

Emergency Information			
Name			
Address			
City, State/Country		Postal Code	
Phone			

I certify that the information provided in this application is complete and accurate. I agree to abide by all goAUPAIR program regulations and the Department of State regulations.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_