

1. Personal Information

Name

First Name _____ Last Name _____
Middle Name _____

Address

Street Address 1 _____ Street Address 2 _____
City _____ Postal Code _____
Country Romania Time Zone _____

Contact Details

Email _____
Phone: Country Code _____ Phone Number _____ Best Time to Call _____
Mobile Phone: Country Code _____ Phone Number _____ Best Time to Call _____
Alt. Phone: Country Code _____ Phone Number _____ Best Time to Call _____

Notes On How To Contact

Other Personal Information

Birth Date _____ Sex Male Female
Country of Citizenship _____ Nationality _____
Birth City _____ Birth Country _____
Country of Legal Residence _____
Passport Number _____ Passport Country _____
First Available Arrival Date _____ Departure City _____

2. Childcare Skills

Experience caring for children of these ages

- 0-6 months
- 6-12 months
- 1-2 years
- 2-5 years
- 5-10 years

Comfortable caring for children of these ages

- 0-6 months
- 6-12 months
- 1-2 years
- 2-5 years
- 5-10 years

Elite Program Experience

Please describe your qualifications for the Elite program in more detail:

- 2 years full time academic study in childcare
- Degree/certification in childcare
- 2 years full-time as nanny, childcare provider, or nursery/primary school teacher

Experience with children 0-24 months old

- Bottle feeding
- Spoon feeding
- Burping
- Changing diapers (nappies)
- Meals preparation
- Bathing
- Playing with children
- Putting children to bed
- Potty training
- Supervising at play/swimming

Other experience

- Siblings/family
- Day-care
- Babysitting
- Teaching
- Tutoring
- Camps (Year)
- Twins/Triplets

Please indicate the specialized skills you have as they relate to childcare

- Cooking
- First aid / lifesaving
- Nurses training
- Life Guarding
- Newborn classes
- Child development classes
- Teaching experience

Please describe your experience with household duties (cooking, cleaning, etc.):

Do you have experience with children with special needs / disabilities? (mental or physical disabilities)?:

Yes No

If yes, please provide details of your experience caring for children with mental or physical disabilities:

Are you be willing to care for children with special needs:

Yes No

3. Childcare Experience – Babysitting/ AuPair/Family/Teaching/Camp

Employer Name: _____

Employer Phone Number

Start Date: dd.mm.yyyy

End Date: dd.mm.yyyy

How many hours/week (an average) did you work at this location?:

Total number of hours caring for children under the age of two:

Child 1.

Name: _____

Gender: Male Female

Age of child at start:

Age of child at end:

Child 2.

Name: _____

Gender: Male Female

Age of child at start:

Age of child at end:

Child 3.

Name: _____

Gender: Male Female

Age of child at start:

Age of child at end:

Childcare Experience – Babysitting/ AuPair/Family/Teaching/Camp

Employer Name: _____

Employer Phone Number

Start Date: dd.mm.yyyy

End Date: dd.mm.yyyy

How many hours/week (an average) did you work at this location?:

Total number of hours caring for children under the age of two:

Child 1.

Name: _____

Gender: Male Female

Age of child at start:

Age of child at end:

Child 2.

Name: _____

Gender: Male Female

Age of child at start:

Age of child at end:

Child 3.

Name: _____

Gender: Male Female

Age of child at start:

Age of child at end:

4. Education

General Education Information

High school (Secondary School)

Vocational training

Currently in university

Postgraduate

Completed university

When did you complete high school?: _____

What was your primary field of study (your major subject)?: _____

School references - Please provide references who can verify your educational background:

Secondary School Reference

School Name: _____

Contact Name: _____

How long have you known this person?: _____

Telephone number: _____

Post-Secondary School Reference

School Name: _____

Contact Name: _____

How long have you known this person?: _____

Telephone number: _____

Please describe any other work experience you have had (besides caring for children):

5. Family Information

Mother's Name _____

Occupation _____

Father's Name _____

Occupation _____

Do you have any sisters?

Yes No

What are their ages? _____

Do you have any brothers

Yes No

What are their ages? _____

Please describe your family _____

6. Driving Experience

Do you have a valid driver's license?

Yes No

What year did you first begin to drive an automobile?

What date was your first driver's license issued?

When does your driver's license expire?

How often do you drive?

Would you feel comfortable driving in snow?

Yes No

Have you ever driven in snow?

Yes No

What kind of roads do you usually drive on?

Country City Highway

Is your driving experience with a car with

Are you willing to drive in the US as an au pair?

Yes No

Comments

7. Personal Characteristics

Can you swim?

Yes No

If yes, how well?

What is your religious affiliation?

What is your level of participation?

Do you smoke?

Yes No

Do you suffer from any allergies to pets? If yes, please indicate

Dog Cat Bird

Describe any allergies to pets

Do you follow a special diet?

If yes, please describe

Native Language

What other languages besides than English, do you speak fluently?

Please tell us about your hobbies and interests

8. Personality

Please indicate how well each of the following statements describe you. There are no "right" or "wrong" answers, so please select the answer that best describes you.

	Not at All	Somewhat	Very Much
I do things according to a plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I love to help others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoying having time for myself each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I seek adventure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually wait for others to lead the way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can handle a lot of information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I love order and regularity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy meeting with people on social occasions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My personal religious beliefs are important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to laugh.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I care a lot about keeping active and busy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition and exercise are important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Imagine your friend had to choose four words from the list below to describe you. Choose the four words they would pick.

- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Good listener | <input type="checkbox"/> Caring | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Ambitious | <input type="checkbox"/> Generous |
| <input type="checkbox"/> Intelligent | <input type="checkbox"/> Passionate | <input type="checkbox"/> Modest |
| <input type="checkbox"/> Optimistic | <input type="checkbox"/> Loyal | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Hard working | <input type="checkbox"/> Energetic | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Physically fit | <input type="checkbox"/> Dependable | <input type="checkbox"/> Spiritual |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Thoughtful | <input type="checkbox"/> Funny |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Easy going | |

9. Short Answer Questions

Please answer the following questions in 50 words or less.

Why should a family choose you as their au pair?

Do you have any special talents or skills that would be useful when caring for children?

Have you ever lived away from home or traveled for an extended period of time? Where? How long?

Have you ever been to the United States before? If yes, for how long and what was the reason for your stay?

When you return to your home country at the end of the program, what do you plan to do?

What do you like to do in your free time?

What activities would you like to do with the children in your host family?

10. Health

Do you suffer from any chronic or recurring health problems, for example asthma, allergies, diabetes, epilepsy, or cold sores?

Yes No

If Yes, give details.

Do you take any medications?

Yes No

If Yes, give details.

Have you been hospitalized or in the care of a doctor in the last 12 months?

Yes No

If Yes, give details.

Have you ever suffered from or received counseling or treatment for a nervous or emotional problem, for example depression or an eating disorder?

Yes No

If Yes, give details.

Have you ever been the victim of sexual, emotional, or physical abuse?

Yes No

If Yes, give details.

Do you have any food allergies?

Yes No

If Yes, give details.

11. Letter

Please write a letter to your prospective host family. Explain why you want to be an au pair. Try to give the family a sense of your personality and values, and why they should trust you with the care of their children.