

THE  
**BABYSITTING**  
COMPANY

Interview Date		Interview Location	
Last Name		First Name	Social Security Number
Present Street Address		City	State      Zip Code
Date of Birth	Phone No. (w/ area code)	Email Address (permenant, .edu not accepted)	
(1) Emergency Contact Name	Relationship	Phone No. (w/ area code)	
(2) Emergency Contact Name	Relationship	Phone No. (w/ area code)	
Who do you know that is affilliated with TBC (Clients/Sitters/Partners): _____			
Where else have you lived? _____			
What languages do you speak? _____			
Did/do you attend college? If so, where? _____ Major/Minor: _____			
Graduation year / Expected Graduation Date: _____			
Have you taken any child development courses? If so, which ones? _____			
CPR Certified: Yes <input type="checkbox"/> No <input type="checkbox"/> Expiration Date: _____		First Aid Certified: Yes <input type="checkbox"/> No <input type="checkbox"/> Expiration Date: _____	
Have you ever been arrested? And if so, when why? _____			
Do you smoke?: Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you drink?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you use drugs: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have any piercings or tattoos? If so, where? _____			
Are you on prescription medication that could affect your work? If so, what? _____			
Any health related issues that would prevent you from performing on the job? _____			
Please list any (food/pet/other) allergies: _____			
Please list any (animal/other) phobias: _____			
Experienced with:			
Newborns <input type="checkbox"/> 1-3 yrs <input type="checkbox"/> 4-6 yrs <input type="checkbox"/> School Age <input type="checkbox"/> Pre Teen/Teen <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/>			
Overnight newborn care specialist?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked with disabled or special needs children?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, what types of disabilities have you worked with?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please select the activities or duties you are able and willing to perform:			
Play inside <input type="checkbox"/>	Play outside <input type="checkbox"/>	Play games <input type="checkbox"/>	Play sports <input type="checkbox"/>
Arts & crafts <input type="checkbox"/>	Read books <input type="checkbox"/>	Walk dog <input type="checkbox"/>	Sing songs <input type="checkbox"/>
Coloring <input type="checkbox"/>	Change diapers <input type="checkbox"/>	Travel <input type="checkbox"/>	Overnights <input type="checkbox"/>
Tidy/Straigten up <input type="checkbox"/>	Swim <input type="checkbox"/>	Prepare meals <input type="checkbox"/>	Help on potty <input type="checkbox"/>

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List any other activities/ jobs that you will do that are not listed above: _____
List any activities you will not do: _____
Please list activities you would do with... A colicky newborn: _____ Two years old and under: _____ Three to Five years old: _____ Six to eight years old: _____ Nine to 13 years old: _____ A group of children: _____ A child's temper tantrum: _____ If the children are not getting along: _____ Not listening to bedtime instructions: _____
List three things you would do if a baby or child will not stop crying: 1: _____ 2: _____ 3: _____
List three things you would do to get a child ready for bedtime/ naptime: 1: _____ 2: _____ 3: _____
List any jobs you've currently or previously held NOT working with children: _____
List any jobs you've currently or previously held working WITH children: _____
Why did your last job end? _____ How many years of experience do you have working with children? _____ Do you have any special skills or interests that would be applicable to child care? _____
In what situation is it appropriate to hit or slap a child? _____ What is your discipline style? _____ Describe an emergency situation that you have experienced with a child and how you handled it: _____
Have you ever had to manage a morning routine during the school year/ camp so that the children get to school/camp on time? If yes, please describe: _____
Why do you want to be a Sitter? _____ What do you consider your most important responsibility as a Sitter? _____
What do you think children like best about you? _____ What do you think parents/ guardians like best about you? _____
Why would a family want YOU to babysit their children? _____ How do you view your relationship with the parents of the children you are working with? _____
Why do you want to work with The Babysitting Company? _____

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Describe your personality:  
Positives: \_\_\_\_\_  
Negatives/ Things to improve on: \_\_\_\_\_  
Why should TBC hire you? What can you contribute to the company? \_\_\_\_\_

What is your relationship like with your family? \_\_\_\_\_  
What do you do in your spare time? \_\_\_\_\_  
Any other additional information/ comments that you would like TBC/ families to know about you: \_\_\_\_\_

Optional Social Media Information, TBC will only follow your social media pages(s) with your permission (by giving us your handle):  
Instagram: \_\_\_\_\_ Twitter: \_\_\_\_\_ Personal Webpage/Blog: \_\_\_\_\_

Does TBC have permission to post on social media your TBC profile picture to send birthday wishes on (or a few days before) your birthday? Yes  No

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list a minimum of 2 professional references (may not be friends or family):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

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Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that the information I have given on the application is complete and correct. I understand my failure to provide complete, accurate and truthful information on the application will be grounds to deny or withdraw my contract and/or status with The Babysitting Company.

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