



## Au Pair Application

### Application checklist:

- ☐ Completed application form (this form).
- ☐ One non-family related personal reference.
- ☐ Medical record verification form.
- ☐ Copy of your driver's license. *(if available)*
- ☐ Copy of your passport (the one page with personal info only).
- ☐ One passport photo (approx. 5cm by 5cm).

### Tips for filling out the application

- Type or write neatly in black or blue ink.
- Smile in the passport photograph.
- Include skills and hobbies that might help you where needed in your application.
- Write your name at the top of all pages and attachments.
- Please fill out the documents accurately and truthfully.
- Please Note that you are NOT required to fill all parts of the form but should fill in the most important parts which relates to you.
- Once all documents has been completed, you shall have them scanned, attached and returned as an email.

**Medical record form:** Contact your Doctor/Physician to have the medical form filled out.

**Personality Reference:** Please have a non relative (friend, neighbour, teacher) fill out this form

**Au Pair Agreement:** Please fill out and sign the Au pair International Childcare Agreement form

PLEASE CAREFULLY WRITE HOST FAMILY NAME HERE

Office use only: Verified by



Date:



# Au Pair Application

Please place a recent,  
smiling(!) passport photo  
here



## PROGRAM

(Please mark all programs that you would consider, if you qualify):

☐ Au Pair

☐ Au Pair Professionnel (Professional child care education or min. 2 years full-time child care experience)

Do you have a driver's license? ☐ Yes ☐ No

## PERSONAL INFORMATION (as it appears in your passport) (PLEASE PRINT)

Name      
First Middle Family Nickname (if any)

Full postal address   
  
 Country

Date of birth  /  /  City and country of birth

Passport no.  Expiration date  /  /   
Day Month Year

Nationality  Passport issued in

Driver's license no.  Personal identification no. (if applicable)

I am a: ☐ Female ☐ Male Height  Weight  Eye color  Hair color

Have you ever applied for a visa to the USA? ☐ Yes ☐ No What was the outcome? ☐ Denied ☐ Approved

Have you been an au pair in the USA before? ☐ Yes ☐ No Have you visited the USA before? ☐ Yes ☐ No

## AVAILABILITY

Preferred departure date  /  /   
Day Month Year

Preferred departure airport(s)  Your nearest US Embassy (city)

If given the opportunity, would you consider extending your stay in the US\*: ☐ Yes ☐ No ☐ Maybe ☐ I don't know

If yes, for how long (months): ☐ 6 ☐ 9 ☐ 12 ☐ I don't know (\*Visa extensions available for 6, 9, or 12 additional months)

## CONTACT INFORMATION (where you can be contacted by a prospective host family)

Telephone  Best time to call

Alternate phone  Best time to call

Mobile phone  Best time to call

E-mail  How often do you check your e-mail

## EMERGENCY CONTACT

Name  Relationship to you  E-mail

Home phone  Work phone  Mobile phone

Does this person speak English? ☐ Yes ☐ No If no, what language spoken

Other instructions

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Country: \_\_\_\_\_

## CHILDCARE EXPERIENCE

Please describe all the ways in which you have gained your child care experience:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Nanny                | <input type="checkbox"/> Day care center for children      | <input type="checkbox"/> Support school teacher           |
| <input type="checkbox"/> Au pair*             | <input type="checkbox"/> Caring for younger family members | <input type="checkbox"/> Coaching children's sports       |
| <input type="checkbox"/> Babysitting, evening | <input type="checkbox"/> Youth or church group/club        | <input type="checkbox"/> Teaching after school activities |
| <input type="checkbox"/> Babysitting, daytime | <input type="checkbox"/> Summer activity camp              | <input type="checkbox"/> Music teacher                    |
| <input type="checkbox"/> Tutoring children    | <input type="checkbox"/> School teacher, full time         | <input type="checkbox"/> Other*                           |

\*Please describe \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Preparing baby formula (milk)    | <input type="checkbox"/> Putting a baby to bed | <input type="checkbox"/> Changing a diaper   |
| <input type="checkbox"/> Feeding a baby with a bottle     | <input type="checkbox"/> Burping a baby        | <input type="checkbox"/> Caring for a colicky baby                                     |
| <input type="checkbox"/> Feeding a baby with a spoon/fork | <input type="checkbox"/> Preparing baby food   | <input type="checkbox"/> Playing with and involving baby in age appropriate activities |
| <input type="checkbox"/> Bathing a baby                   | <input type="checkbox"/> Dealing with tantrums |  |

I have experience in these areas caring for children older than 2 years of age:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Giving baths and/or putting to bed | <input type="checkbox"/> Involving kids in play and activities | <input type="checkbox"/> Playing outdoors      |
| <input type="checkbox"/> Assisting with homework            | <input type="checkbox"/> Doing arts and crafts projects        | <input type="checkbox"/> Potty training        |
| <input type="checkbox"/> Teaching or tutoring               | <input type="checkbox"/> Playing indoors                       | <input type="checkbox"/> Dealing with tantrums |

Child care experience summary (please all that apply):

	Experience with:	Willing to care for:
Newborn - 2 year	<input type="checkbox"/>	<input type="checkbox"/>
2 - 6 years	<input type="checkbox"/>	<input type="checkbox"/>
6 + years	<input type="checkbox"/>	<input type="checkbox"/>
2 or more children at the same time	<input type="checkbox"/>	<input type="checkbox"/>

*Note: Your chances of being placed with a family will greatly improve if you are willing to care for two or more children and if you are willing to care for children younger than two years of age.*

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Children with mental disabilities*            | <input type="checkbox"/> | <input type="checkbox"/> |
| Children with physical disabilities*          | <input type="checkbox"/> | <input type="checkbox"/> |
| Children with minor or learning disabilities* | <input type="checkbox"/> | <input type="checkbox"/> |

\* If yes, please describe your experience in caring for children with disabilities \_\_\_\_\_

Describe talents/skills you have that are useful when caring for children \_\_\_\_\_

Please list any leader/instructor/tutor role you have had \_\_\_\_\_

Please describe your experience with household duties \_\_\_\_\_



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Country: \_\_\_\_\_

## EDUCATION AND WORK EXPERIENCE

What is your current occupation? ☐ Student ☐ Recent graduate ☐ Employed as \_\_\_\_\_

Please describe the type of education you have beyond secondary school \_\_\_\_\_

What grades/scores did you achieve?

At secondary school: ☐ Top ☐ Good ☐ Medium ☐ Average ☐ Low ☐ Not applicable

At post-secondary school: ☐ Top ☐ Good ☐ Medium ☐ Average ☐ Low ☐ Not applicable

Give a brief summary of jobs you have held, duration and duties (including part time and summer vacation jobs)

## SKILLS, INTERESTES, HOBBIES

English proficiency: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Your native language \_\_\_\_\_ Other languages spoken \_\_\_\_\_

Do you have formal safety training or certificates (e.g. First Aid, water safety) \_\_\_\_\_

Describe your swimming skills: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ I can't swim

Describe any skills/participation in the following areas (including past and current hobbies and interests):

Sports, Outdoor (swimming, soccer, skiing, jogging, hiking, sailing, camping, girl scouts, etc.)

## DRIVING EXPERIENCE

How long have you had a full driver's license (including practical and theory test)? \_\_\_\_\_ ☐ Don't have one

Do you own your own car: ☐ Yes ☐ No If yes, for how long? \_\_\_\_\_

Rate your driving skills: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ I can't drive

How often do you drive per week: ☐ Everyday ☐ 3-5 days ☐ 1-2 days ☐ Less than once per week

What kinds of roads do you usually drive on? ☐ Highway ☐ City ☐ Country

Have you ever had a car accident? ☐ Yes ☐ No (If yes, please explain on separate paper)

Have you ever had a speeding ticket? ☐ Yes ☐ No

Do you feel comfortable driving on roads with snow? ☐ Yes ☐ No ☐ I don't know

Are you willing to drive in the US as an au pair? ☐ Yes ☐ No

Name:  Age:  Country:

### FAMILY BACKGROUND

Describe where you grew up and pets you have/had (select all that apply):

- |                                       |                                     |                               |                                       |
|---------------------------------------|-------------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> Urban        | <input type="checkbox"/> Large city | <input type="checkbox"/> Farm | <input type="checkbox"/> Farm animals |
| <input type="checkbox"/> Suburban     | <input type="checkbox"/> Small city | <input type="checkbox"/> Dog  | <input type="checkbox"/> Other pets   |
| <input type="checkbox"/> Town/village | <input type="checkbox"/> Rural area | <input type="checkbox"/> Cat  |                                       |

Currently living: ☐ With my parents ☐ I have lived away from home for (time):

Do you attend church/temple? ☐ Yes ☐ No If yes: ☐ Weekly ☐ Special occasions Religion

Number of siblings  Ages and names of siblings

### GENERAL

What are your favorite things to do in your spare time?

Have you traveled outside your home country for 2 months or more?

Please describe a typical weekend evening

Why do you want to participate in the au pair program?

Have you been convicted of or charged with a criminal offence? ☐ Yes ☐ No

Have you been a victim of physical, sexual or emotional abuse? ☐ Yes ☐ No

Do you have chronic/recurring health problems (e.g. asthma, diabetes)? ☐ Yes ☐ No

Do you take any medication? ☐ Yes ☐ No

Have you received treatment for an emotional problem (e.g. anorexia, depression)? ☐ Yes ☐ No

Do you have allergies or fears of household pets? ☐ Yes ☐ No

Do you have food allergies? ☐ Yes ☐ No

Do you follow a special diet? ☐ Yes ☐ No

Do you have any condition that could affect your performance as an au pair: ☐ Yes ☐ No

If yes, please specify

Do you smoke? ☐ Yes ☐ No If yes, cigarettes per day  Are you willing to quit smoking? ☐ Yes ☐ No

*If you are a smoker, you must agree to obey the household rules of your host family. These rules might include not smoking in or around the house or when responsible for the children. A failure to follow the rules set regarding smoking may result in your dismissal from the program. Do you agree to follow the host family's rules for smoking?* ☐ Yes ☐ No