



Au Pair Application

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For Use by Expert Au Pair Only:

Application ID:	<input type="checkbox"/> Photos <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> References
Application Type:	<input type="checkbox"/> Financial <input type="checkbox"/> Letter to Family
Representative Signature:	Date Received:

Application Data

I will be first available on the following date _____. (DD/MM/YYYY)	
I will no longer be available to start after the following date _____. (DD/MM/YYYY)	
<input type="checkbox"/> My family supports my decision to spend a year in the United States on a cultural exchange.	
Name	
First Name:	Middle: Last Name:
Email Address:	
Phone Number:	Call Time:
Second Phone Number:	Call Time:

Basic Information

Gender:	Female <input type="checkbox"/> Male <input type="checkbox"/>
Country of Origin:	
Country of Current Residence:	
Nearest Airport:	
Passport Number:	
Birth Date:	
Driver License:	
Address Line #1	
Address Line #2	
Address Line #3	
City:	Province:
Country:	Postal Code:

Describe your hobbies, talents, or other interests.	
Describe your best qualities.	
<input type="checkbox"/> I have been an au pair in the United States before. Dates previously in the United States as an au pair _____	
<input type="checkbox"/> I am a smoker.	
Have you been convicted of any offense other than a minor traffic violation? If so, please describe.	
My Religious faith is:	
Education Information	
Level of Education Reached:	
Last School attended:	
Educational and Professional Training:	
Additional Languages Spoken:	
Applicable certifications or recognition:	

Childcare Experience

Childcare Experience Summary

Please summarize your experience in this section

Age Group	Number of Years Experience	Prefer to Work with
Under 2		<input type="checkbox"/>
2 and up to 5 Years		<input type="checkbox"/>
5 and up to 10 Years		<input type="checkbox"/>
Over 10 Years Old		<input type="checkbox"/>

Detailed Childcare Work History

NOTE: The Department of State of the United States requires that Au Pairs caring for children under the age of 2 have completed at least 200 hours of independent childcare for children under the age of 2.

Description	Dates	Responsibilities	Children Ages	Hours Per Week	Name and Phone Number

Special Needs Children

Au pairs can only work with Special Needs children if they document experience, skills or training in an appropriate area. If you wish to be considered to care for Special Needs children, please describe your experience, skills or training here:

Please also ensure you submit references about your time working with Special Needs children, and send photocopies of certificates of completion of training courses or programs with your application. There is no guarantee that we will place you with a family with a Special Needs child, even if you qualify.

Au Pair's Family of Origin Information

- My Parents are married.
- I have ___ sibling(s).
- My family attends church regularly

Describe your family.

Preferences

I do NOT want to work with a family:

- with smokers in the household.
- with an infant in the household.
- headed by a single parent.
- who are of a different faith than I am.
- who has pets, or has the following types of pets _____.

When working as an au pair for a host family, I plan to think of myself as a (circle one):

Sister/Brother

Aunt/Uncle

Friend

Professional Childcare Provider

Guardian

Describe your last holiday.

What are you reading?

What do you feel is the most important aspects of a parent\caregiver relationship?

What was the worst part of your previous caregiver relationship?

Why are you interested in being an Au Pair?

Describe the cultural aspects your family and community have to share with an American family.

Will you travel with your host family?

Au Pair Qualifications

Please check the following which apply to you:

- Non-smoking
- Drive
- Swim
- Will Cook (as it relates to childcare, as in cooking lunch for the children)
- Will Clean (as it relates to childcare, as in doing the children's laundry)
- First Aid Certified
- Experienced in Arts and Crafts

What is the longest amount of time you have lived away from home?

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Prior Experience

I have had prior experience as a live-in childcare provider.
Name of Prior Live-In Childcare Host: _____ Length of Stay: _____
Reason for Leaving: _____

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Ideal Job Description

Work hours: (please note that Au Pairs may not work more than 10 hours a day, or 45 hours a week)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

- I would like to have access to a vehicle.
 I can live with a reasonable curfew.

References

References are required for the completion of your application. Please use the forms provided and give them to your referees with an envelope pre-addressed to Expert Au Pair.

Name	Phone\Email Address	Relationship

Photos

You must submit between three and eight photos of yourself. Please try to include photos of you with children you are caring for, or with your family. Photos will become the property of Expert AuPair.

Letter to the Family

You must submit a short letter, written in English, to your future Family. This letter will be read by all interested families. This letter must be submitted before your profile can be posted.

Driving Information

Do you have a driver license?

What year did you obtain your driver license?

How many hours a week do you drive?

Do you feel comfortable driving in bad weather?

**Do you own your own car at home?
How often do you have access to a car?**

Would you feel comfortable driving in the United States?	
Would you be willing to drive in the United States as part of the program?	
Have you ever been involved in a traffic accident? Please describe.	
Emergency Contact Information	
Name:	
Address:	
Phone Number:	

Billing Information	
I have included our application fee (\$50) by:	
<input type="checkbox"/> Check <input type="checkbox"/> Charge my Credit Card below:	
Name on Card: _____	
Card Type: _____	
Card Number: _____	
Expiry Date: _____	
CCV Code: _____ (3 digit code on the back of your card)	
Billing Address:	
Billing City:	
Billing Country:	
Billing Postal Code:	
Billing Signature: (You must sign here for your credit card authorization)	

Signature _____ Date _____