



www.rocketcitysitters.com

P.O. Box 2081 Madison, Alabama 35758 ✨ Phone: 256-272-1727 ✨ Fax: 810-222-0198 ✨ info@rocketcitysitters.com

Sitter Application

Please make sure all fields are complete. When finished, save the form to your computer and email as an attachment to info@rocketcitysitters.com.

APPLICANT INFORMATION

Name					
	First	Middle	Last		
Address					
	Street		City	State	Zip Code
Home Phone					
Cell Phone					
Email					

It is important that we be able to contact you about potential jobs and get a quick response.

What is the best way for us to reach you?

Are you 18 years of age or older?

☐ Y ☐ N

Do you have reliable transportation?

☐ Y ☐ N

Do you have a valid driver's license?

☐ Y ☐ N

Do you have auto insurance?

☐ Y ☐ N

Please describe your availability (days and times).

How did you hear about Rocket City Sitters?

When family calls to request a sitter, they like to hear about who will be caring for their children. **Please tell us any information about yourself that you would like for us to consider or to share with families, such as hobbies and interests.**

EDUCATION & EXPERIENCE

	Name & Location	Did you graduate? If so, list degree earned.	Major/Subjects of Study	Achievements & Awards
High School				
College or University				
Specialized Training, Trade School, etc.				
Other Education				

Please describe all relevant babysitting and childcare experience, including dates, ages and number of children cared for, and description of services provided (attach additional pages if needed).

Are you Infant & Child CPR certified? ☐ Y ☐ N If yes, give expiration date:

Are you First Aid certified? ☐ Y ☐ N If yes, give expiration date:

Note: If you answered no, you must be willing to obtain certification for Infant & Child CPR and First Aid prior to your first sitting job with Rocket City Sitters.

When providing childcare in the home, you will encounter numerous situations that you might be uncomfortable with. **In order to best match you with families, please let us know if you would be comfortable and have experience with the following situations:**

Caring for a newborn (0-3 months)?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Caring for an infant (4-24 months)?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Caring for toddlers (2-3 years)?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Caring for young children (4-8 years)?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Caring for older children (9-12 years)?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Caring for teenagers?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Caring for multiple children at once?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Caring for a special needs child?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Caring for a child that is sick?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Caring for a child when their parent is at home?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Sitting overnight?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Transporting children in your vehicle?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Transporting children in the client's vehicle?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Sitting at a home with pets?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Completing light housework while sitting?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Cooking for clients' children?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Swimming with clients' children?	<input type="checkbox"/> Y	<input type="checkbox"/> N

WORK HISTORY

Please list, starting with the most recent, any jobs held within the past five years. Attach additional pages if needed.

Company		
Job Title		
Supervisor name		Phone number:
Dates of employment	Start:	End:
Reason for job change		
Can we contact this employer?	<input type="checkbox"/> Y <input type="checkbox"/> N	

Company		
Job Title		
Supervisor name		Phone number:
Dates of employment	Start:	End:
Reason for job change		
Can we contact this employer?	<input type="checkbox"/> Y <input type="checkbox"/> N	

Company		
Job Title		
Supervisor name		Phone number:
Dates of employment	Start:	End:
Reason for job change		
Can we contact this employer?	<input type="checkbox"/> Y <input type="checkbox"/> N	

Company		
Job Title		
Supervisor name		Phone number:
Dates of employment	Start:	End:
Reason for job change		
Can we contact this employer?	<input type="checkbox"/> Y <input type="checkbox"/> N	

Company		
Job Title		
Supervisor name		Phone number:
Dates of employment	Start:	End:
Reason for job change		
Can we contact this employer?	<input type="checkbox"/> Y <input type="checkbox"/> N	

REFERENCES

Please provide us with five references, including three childcare references and two professional or personal (non-family) references.

Childcare References

Name	
Relationship	
Phone Number	
Best Time to Contact	

Name	
Relationship	
Phone Number	
Best Time to Contact	

Name	
Relationship	
Phone Number	
Best Time to Contact	

Professional References

Name	
Relationship	
Phone Number	
Best Time to Contact	

Name	
Relationship	
Phone Number	
Best Time to Contact	

CRIMINAL HISTORY

Have you ever had a background check? ☐ Y ☐ N If yes, give the date:

Note: If you answered no or cannot submit documentation of a recent background check, you must consent to a background check prior to your first sitting job with Rocket City Sitters.

Have you ever been convicted of a crime? ☐ Y ☐ N

If yes, please explain.

Have you ever been disciplined for violating company policies forbidding the use of alcohol or tobacco products? ☐ Y ☐ N

Do you use illegal drugs? ☐ Y ☐ N

CERTIFICATION STATEMENT

I hereby certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire or termination.

I understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment contract between Rocket City Sitters and myself.

In signing this form, I certify that I understand all the questions and statements in this application.

**Please note that typing in your name acts as your signature.*

Signature:	Date:
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