

AU PAIR APPLICATION FORM



Be an aupair in America!

PLEASE

- Write neatly with black ink
- Be accurate with your details
- Understand what you are signing



UK Office:

81 Oxford Street, London W1D 2EU England
Tel: 44 (0) 207 580 3106 Fax: 44 (0) 870 288 9535
<http://www.agentaupair.co.uk> Email: info@agentaupair.co.uk

For office use only

Reference:	Date of App Received
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

US Office:

1450 Sutter Street, # 526, San Francisco, CA 94109 USA
Tel: + 1 415 376 0202 Fax: + 1 415 373 3741

PERSONAL DETAILS

- Name: _____
- Family name: _____
- Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year			
- City of Birth: _____
- Country of Birth: _____
- Nationality: _____
- Country of Legal Residence: _____
- Country Passport Issued in: _____
- Passport No: _____
- Expiry Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year			

CONTACT DETAILS

- Full Postal Address: _____

- Postcode: _____
- Country: _____
- Telephone: () _____
- Best Time To Call: _____
- Alternative Telephone: () _____
- Best Time To Call: _____
- Mobile: () _____
- Best Time To Call: _____
- Email: _____
- Personal Web Site: _____
- Emergency Contact 1- Name: _____
- Relationship: _____
- Telephone: () _____
- Emergency Contact 2- Name: _____
- Relationship: _____
- Telephone: () _____

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Name: _____

EDUCATION

28. Highest Level of Education: _____

29. Other Educational and Professional Training: _____

WORK EXPERIENCE

30. Current Occupation: _____ 31. Previous Occupation : _____

32. Please list of all the jobs that you have held:

Job Title	Employment Dates	Duties
1- _____	_____	_____
2- _____	_____	_____
3- _____	_____	_____

CHILD CARE EXPERIENCE

33. What activity experience do you have:

- Horseback riding Camping Basketball Soccer Volleyball
- Swimming (beginner/intermediate/advanced) Skiing (water/snow) Bike riding Rafting
- Other (Give details of any extensive sporting experience you have) : _____

34. Please put a check by the experience you have:

- Babies (0-2 years): changing diapers feeding with a bottle burping
- feeding with a spoon preparing a bottle bathing
- putting down for bed brushing teeth reading books
- Toodlers : reading stories fixing meals brushing teeth
- putting down for bed bathing dressing

35. What age group would you like to care for? 3-24 months 2-5 years 5-12 years

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Name: _____

36. Do you have experience preparing meals for children? _____

37. List any additional courses you have taken or classes you have had on childcare, lifesaving or first-aid training:

38. Do you have training regarding children with special needs and/or do you have experience working with children with special needs? If yes, please explain. _____

FAMILY BACKGROUND

39. Mother's Origin/Nationality: _____ 40. Occupation: _____

41. Father's Origin/Nationality: _____ 42. Occupation: _____

43. Siblings & Ages: _____

44. What is your native language? _____

45. What is your religion (if not religious – please write "not religious") ? _____

46. Do you regularly attend your religious services? Yes No

47. Do your parents support your decision to go to the U.S. for a year? _____

GENERAL

48. Can you live with household pets? Yes No If no, please give details _____

49. Have you ever been convicted of or charged with a criminal offence? Yes No If yes, give details: _____

50. Do you have any allergies or health problems? Yes No If yes, please give details: _____

51. Do you follow a special diet e.g. vegetarian, kosher? _____

52. What characteristics you believe to be important to be successful on an Au Pair program in the USA? _____

53. What characteristics do you believe you possess that make you a good candidate for this program? _____

54. Your hobbies & interests: _____

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Name: _____

55. What language(s) do you speak? _____

56. Have you been abroad before? If yes, please list locations, dates and reasons: _____

57. What are your plans after you return from the USA? _____

58. Do you smoke? Yes No If yes, how many cigarettes do you smoke per day? _____59. If you smoke, are you willing to quit smoking to qualify for the program? (99% of host families want a non-smoking au pair. You will be expected to abide by your decision so consider it carefully) Yes No

DRIVING EXPERIENCE

60. Do you hold a full driving licence? Yes No If yes, Date of issue: _____

61. If you will receive your driving licence soon, when will you receive it? _____

62. How many km of driving experience do you have? _____ 63. How many hours? _____

64. What type of driving experience do you have? City Country Highway/Motorway Suburbs Nighttime65. Have you ever had your driving licence revoked? Yes No 66. Have you ever had an accident? Yes No

If yes to above questions, please explain: _____

Au Pair Accord

In consideration of you, Agent Au Pair, accepting me for your Au Pair Program, I hereby agree:

- I. to abide by all governing laws and regulations of Agent Au Pair and the United States government
- II. to abide by all local and state laws in the community in which I will live
- III. to complete all visa requirements in accordance with the instructions and to be responsible for obtaining/maintaining a valid passport
- IV. to cooperate with all those supervising the program and to abide by any reasonable instructions
- V. to be present for all flights and transportation arranged for me by Agent Au Pair
- VI. to provide transportation to my departure airport at my own expense
- VII. to return home at the end of my stay and before my visa expires.
- VIII. to submit a certified criminal record check or its equivalent.
- IX. to complete a personality profile provided by Agent Au Pair.
- X. to submit a physician's report from my family physician or from the clinic or hospital I have been affiliated with for a minimum of five years
- XI. Agent Au Pair or its affiliates or agents may without liability or expense to themselves take whatever action is necessary regarding my health and safety
- XII. I certify that I am between 18 and 26

I understand that there is a \$200 placement fee and \$300 deposit fee that is refundable upon successful completion of the program. In addition, I understand that I must pay the U.S. Embassy/Consulate for

the cost to obtain my visa and SEVIS fee and it is my responsibility to get to the nearest international airport where I depart to the U.S.

Grievance Procedure

I hereby agree to abide by the following "Grievance Procedure" for averting or dealing with potential problems: I will attempt to discuss the problem with my host family. If this does not provide a satisfactory result, I will discuss the problem with my local community counselor where I will provide the local community counselor with written notification of the problem. If I still feel the problem is unresolved, I will call the regional manager or the program director where I will then provide written notification to this person.

I understand that if I smoke in the family home (including my private quarters), family car, or around any member of the family that I will be terminated from the program and forfeit my completion deposit.

I, _____ (Please print name clearly), understand the above information and will abide by the rules of Agent Au Pair. I have truthfully answered all questions on my Application.

Signature _____

Date (DD/MM/YY) _____