



**goAUPAIR®**  
 6965 Union Park Center, Suite 100  
 Midvale, UT 84047  
 801.255.7722 801.255.7782 fax  
 www.goAUPAIR.com

# AU PAIR APPLICATION FORM

GENERAL INFORMATION				<p>Attach a passport size picture of yourself here</p> <p>(be sure to smile!!)</p>
First Name		Male	Female	
Last Name		Age		
Address		Birth Date		
		Height		
		Weight		
Phone Number		Hair Color		
Fax Number		Eye Color		
Cell Phone #		City of Birth		
Email Address		Country of Birth		
Passport Number		First Available Departure Date		
Passport Expiration Date		Last Available Departure Date		

EDUCATION	
Level of Education Reached	
Educational and Professional Training	
Languages Spoken	

EXPERIENCE (childcare, home management, medical, teaching, etc.)						
Type of childcare experience (baby-sitting, daycare, youth group, au pair, nanny, tutoring, etc.)	Dates From To		Ages of Children (years and months when started)	Responsibilities (duties: changing diapers, bathing, games, walking, etc.)	How Often (daily, weekly, monthly, or ?)	Name of Reference (include telephone number)

*The US Government requires that au pairs looking after children under the age of two (2) years must have 200 verifiable hours of previous experience and/or training with children less than two years of age. As many of our Host Families have children under the age of two, please provide documentation of your experience or training to enable you to be placed with one of these families.*

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<b>AGE GROUP EXPERIENCE AND PREFERENCES</b>		
Experience with Age Groups (check appropriate groups)	Preferred Age Groups (check as many as desired)	Family Preferences
<input type="checkbox"/> 3 – 24 months <input type="checkbox"/> 2 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> Over 10 years <input type="checkbox"/> Special Needs	<input type="checkbox"/> 3 – 24 months <input type="checkbox"/> 2 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> Over 10 years <input type="checkbox"/> Special Needs	90AUPAIR will place you with a family suitable to your age, experience and background. If you do NOT wish to be placed with a family like the following, please mark it.  <input type="checkbox"/> a single parent family <input type="checkbox"/> a family with different religious beliefs <input type="checkbox"/> a family of an alternative lifestyle
Describe special care given:	Special care preferred:	

List interests, talents, school activities and honors:	
Do you swim, ski, have a background in or experience with arts & crafts, music, dance? Do you cook or have other child-related skills that a host family should know when reviewing your file? Please list.	
Would you like to be placed with a family that has pets?	
Do you have a first aid certificate?	

<b>FAMILY BACKGROUND</b>			
Father's Name		Occupation	
Mother's Name		Occupation	
Address			
Telephone Number		Are they supportive of your decision to come to America?	_ Yes
Cell Phone Number			_ No
Number of Children		Place in Birth Order	
Religious Affiliation		Attendance Frequency	

<b>EMPLOYMENT HISTORY</b> (don't list jobs already listed in the EXPERIENCE section)			
Present occupation		Employer	
Address/Telephone		Date started	
Prior occupation		Employer	
Address/Telephone		Date finished	
Prior occupation		Employer	
Address/Telephone		Date finished	

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Please answer yes or no to the following questions. Answer truthfully.					
<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>	
_	_	1. Do you get homesick?	_	_	12. Do you have a criminal record?
_	_	2. Have you lived away from home?	_	_	13. Do you have any financial commitments?
_	_	3. Have you lived out of the country?	_	_	14. Do you have any physical or mental limitations?
_	_	4. Have you ever taken illegal drugs?	_	_	15. Are you currently taking any medication?
_	_	5. Do you drink alcoholic beverages?	_	_	16. Do you have any medical conditions requiring treatment?
_	_	6. Do you smoke?	_	_	17. Do you have any allergies?
_	_	7. Do you have racial prejudices?	_	_	18. Do you have any dietary restrictions?
_	_	8. Do you have any traffic tickets?	_	_	19. Are you a vegetarian?
_	_	9. Have you been in a traffic accident?	_	_	20. If you are a vegetarian, can you cook or be placed with a family who eats meat?
_	_	10. Do you currently have a steady relationship?	_	_	21. Are you willing to sign a NON SMOKING declaration?
_	_	11. Have you ever been married?	Please explain the details for all items to which you answered "yes"		

<b>Driving Information</b>	
Do you have a driver's license?	
When did you receive your driver's license?	
How long have you been driving?	
How many hours a week do you drive?	
Do you feel comfortable driving in snow?	
Do you have your own car?	
How often do you have access to a car?	

<b>Emergency Information</b>			
Name			
Address			
City, State/Country		Postal Code	
Phone			

*Please enclose the following with your application:*

1. A photo collage including yourself, your family, you with children you have cared for and anything that you want your Host Family to know about you and where you are from.
2. Please write a "Dear Host Family" letter to your new Host Family telling them about your childcare experience, your background, your family, and most importantly about yourself. Please remember that the letter is used by potential Host Families to learn about you and assess the suitability of your matching with the family. Please consider carefully the information you put into this letter.