



### Childcare Work Experience Form

Applicant Full Name (First and Last) \_\_\_\_\_

Applicant Birthday (mm/dd/yyyy) \_\_\_\_\_

Instructions: This form is to be completed by the **applicant**. Input the requested information and upload the completed form to your account. Use as many copies of this form as needed to list all work experience documentation for the required hours. You must also submit a form of documentation including a W2, paystub or have current and past employers complete page 2 of this document to verify the work experience.

#### Childcare Work Experience

Supervisor Name: \_\_\_\_\_ Family/Company: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street Address City, State, and Zip Code

Employer Email: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

Total Number of Hours of Employment: \_\_\_\_\_

List the number of children, ages of children, and duties performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person at Family or Company who can confirm this employment:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Documentation provided (pick one):

- Copies of pay stubs, tax forms and/or references from employers that include employer contact information, employee job title, dates, and hours worked. The financial information is private and can be redacted.
- Signed employment verification form (next page)



US Nanny Association  
info@usnanny.org

### Employment Verification Form

Applicant Full Name (First and Last)

Applicant Birthday (mm/dd/yyyy)

Instructions: This form is to be completed by the **employer**. Input the requested information and return it to the applicant or email it to [info@usnanny.org](mailto:info@usnanny.org). Childcare experience includes working as a babysitter, nanny, daycare worker, teacher, pediatric nurse, summer camp counselor and other child centric positions. To qualify as childcare work experience, a paid position must include direct supervisory responsibility to care for at least one child between the ages of 0 and 13 and/or up to age 18 if the child has been diagnosed as special needs. To count as newborn or infant care, the child must be 0 to 12 months old. Caring for siblings, family members, dependents, unpaid volunteer work, and/or childcare experience when the applicant was less than 16 years old does not qualify.

### Childcare Work Experience

Supervisor Name: \_\_\_\_\_ Family/Company: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street Address City, State, and Zip Code

Employer Email: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

Total Number of Hours of Employment: \_\_\_\_\_

List the number of children, ages of children, and duties performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person at Family or Company who can confirm this employment:

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

I hereby certify the above work experience is true and correct to the best of my knowledge. The US Nanny Association conducts random application audits to confirm the experience and education documented on credential applications. I agree that I may be contacted as part of an audit.

Employer Signature (First, Last Name)

Printed (First, Last Name)

(mm/dd/yyyy)

*Electronic signatures are accepted and shall have the same validity and enforceability as a manually executed signature based on the Uniform Electronic Transactions Act.*