



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

Sitter Application

Name: Date of Birth:
First Middle Last MM/DD/YY

Social Security Number: Email:

Address:
Street City State Zip Code

Home Phone: Cell Phone:

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 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.

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 relevant childcare experience, including dates, ages and number of children served, and description of services provided.

Please list any achievements, credentials, or awards.

EDUCATIONAL HISTORY

Please list any high schools/colleges attended and degree(s) obtained, if applicable.

WORK HISTORY

Please list any jobs held within the past five years (attach additional pages if needed).

Company: Job Title:

Supervisor name: Phone number:

Dates of employment: From to Can we contact this employer? Y N

Reason for job change:

Company: Job Title:

Supervisor name: Phone number:

Dates of employment: From to Can we contact this employer? Y N

Reason for job change:

Company: Job Title:

Supervisor name: Phone number:

Dates of employment: From to Can we contact this employer? Y N

Reason for job change:

Company: Job Title:

Supervisor name: Phone number:

Dates of employment: From to Can we contact this employer? Y N

Reason for job change:

Please provide us with five references, including three childcare references and two professional or personal references.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Relationship	Phone Number	Best Time to Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Relationship	Phone Number	Best Time to Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Relationship	Phone Number	Best Time to Contact
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Name	Relationship	Phone Number	Best Time to Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Relationship	Phone Number	Best Time to Contact

CRIMINAL HISTORY

Have you ever been arrested? Y N

If yes, please list charges, dates, and outcome.

Have you ever been convicted of a crime? Y N

If yes, please list charges and dates (specify whether felony or misdemeanor).

Please describe your availability (days and times).

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

- Caring for a newborn (0-3 months)? Y N
- Caring for an infant (4-24 months)? Y N
- Caring for toddlers (2-3 years)? Y N
- Caring for young children (4-8 years)? Y N
- Caring for older children (9-12 years)? Y N
- Caring for teenagers? Y N
- Caring for multiple children at once? Y N
- Caring for a special needs child? Y N
- Transporting children in your vehicle? Y N
- Transporting children in the client's vehicle? Y N
- Sitting at a home with pets? Y N
- Completing light housework while sitting? Y N
- Cooking for your clients' children? Y N
- Swimming with your clients' children? Y N

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

How did you hear about Rocket City Sitters?