



General Information

Gender _____ Date of birth (mm/dd/yy) _____ Nickname _____
First Name _____ Last Name _____
Home Phone _____ Mobile Phone _____
Mailing Address _____ Mailing City _____
Mailing State/Province _____ Postal Code _____ Country _____
Email _____ Alternate Email _____
How often do you check your email? _____ times per _____
Video/Web Conferencing Contact Info _____ Username _____
City of birth _____ Country of birth _____
Passport Country _____ Passport Expiration _____
Date first available (mm/dd/yy) _____ Preferred departure airport _____
Height _____ Weight _____ Eye Color _____ Hair Color _____
Languages spoken _____ Highest level of education _____

Educational and Professional training

Child Care Experience

Please list your most recent Child Care experience in this section.
Additional Child Care experience can be listed on the Child Care
Experience form.

If you cared for more than one child in the same setting, please list
this as one experience. For example, if you cared for three children in
the same home, DO NOT list this as three different experiences.

1. Child Care Experience

Type of child care _____ Please describe if "Other" _____

Number of children _____ Frequency _____ hours per _____ Were any of the children related to you? YES ☐ NO ☐

Ages and gender of children (3 years - Female) Did any of the children have special needs? YES ☐ NO ☐

Job started _____ Job ended _____
(mm/yy) (mm/yy)

Responsibilities

2. Child Care Experience

Type of child care _____ Please describe if "Other" _____

Number of children _____ Frequency _____ hours per _____ Were any of the children related to you? YES ☐ NO ☐

Ages and gender of children (3 years - Female)

Did any of the children have special needs? YES ☐ NO ☐

Job started _____ Job ended _____
(mm/yy) (mm/yy)

Responsibilities

3. Child Care Experience

Type of child care _____ Please describe if "Other" _____

Number of children _____ Frequency _____ hours per _____ Were any of the children related to you? YES ☐ NO ☐

Ages and gender of children (3 years - Female)

Did any of the children have special needs? YES ☐ NO ☐

Job started _____ Job ended _____
(mm/yy) (mm/yy)

Responsibilities

Child Care Preferences

Given the choice, these are the age groups I prefer to care for. Select all that apply.

Please note that age preferences may limit the number of host families available to interview you.

0-3 months 3-6 months 6-12 months 12-18 months 18-24 months
2-5 years 5-10 years Over 10 years Special needs

Please describe why you prefer the age group(s) selected.

Please describe any special needs experience you have.

Are you currently certified in First Aid? YES ☐ NO ☐

Are you currently certified in CPR? YES ☐ NO ☐

Au Pair Program

Standard ☐ EduCare ☐

Please select one. *Au Pairs with advanced experience may qualify for our Premiere Au Pair program. These Au Pairs earn a weekly stipend of \$225. You will be notified if you qualify for this program.*

Background

What are your hobbies, interests and talents?

What certificates, awards, achievements or honors have you received?

Can you ski? YES ☐ NO ☐

Can you swim without the aid of a floating device? YES ☐ NO ☐

Describe the types of meals you cook often.

Are you willing to be placed with pets? _____

Select "Yes with restrictions" if there are only some animals you do not want to be placed with.

If you selected "Yes with restrictions," please list the animals you don't want to be placed with and why.

What is your Religion? _____

How often do you attend religious services? _____ times per _____

Are you willing to be placed with a family of a different religion? YES ☐ NO ☐

Driving

Do you have a driver's license? YES ☐ NO ☐

What type of car can you drive? Automatic ☐ Manual ☐
Select all that apply.

Do you have your own car? YES ☐ NO ☐

If not, how often do you have access to a car? _____

How many hours per week do you currently drive? _____
Do not include time in heavy traffic when vehicle is not moving.

What types of roads/areas do you typically drive in?
Check all that apply.

Suburbs ☐ City ☐ Freeways ☐ Dirt roads ☐

Have you ever had a traffic ticket or accident?
If yes, please explain.

When did you begin driving? (mm/dd/yy) _____

What size of car do you typically drive? _____

Have you ever driven in snow? YES ☐ NO ☐

What conditions are you not comfortable driving in?

How heavy is the traffic you drive in? _____

What kind of driving do you typically do? Check all that apply.

Commuting to work/school ☐ Visiting friends/family ☐

Running errands ☐

Family Information

Parent #1

Name _____ Occupation _____

Mailing Address _____ City _____

State Province _____ Country _____ Postal Code _____ Home Phone _____

Parent #2

Name _____ Occupation _____

Mailing Address _____ City _____

State Province _____ Country _____ Postal Code _____ Home Phone _____

Emergency Contact

First and Last Name _____ Phone _____ Email _____

Address _____

How many siblings do you have? _____ Siblings Type _____

Do your parents support your decision to be an Au Pair? YES ☐ NO ☐

Personal

If you answer YES to any of these questions, please explain.

Do you get homesick? YES ☐ NO ☐ _____

Have you ever lived away from home? YES ☐ NO ☐ _____

Have you ever taken illegal drugs? YES ☐ NO ☐ _____

Do you drink alcoholic beverages? YES ☐ NO ☐ _____

Do you smoke? YES ☐ NO ☐ _____

If no, have you ever smoked? YES ☐ NO ☐ _____

Do you have any physical or mental limitations? YES ☐ NO ☐ _____

Do you currently take any medications? YES ☐ NO ☐ _____

Do you have any medical conditions requiring ongoing treatment? YES ☐ NO ☐ _____

Do you have any dietary restrictions? YES ☐ NO ☐ _____

Do you currently have a steady romantic relationship? YES ☐ NO ☐ _____

Personal (continued)

If you answer YES to any of these questions, please explain.

Have you ever been married?	YES <input type="radio"/>	NO <input type="radio"/>	_____
Do you have any piercings or tattoos?	YES <input type="radio"/>	NO <input type="radio"/>	_____
Do you have a criminal record?	YES <input type="radio"/>	NO <input type="radio"/>	_____
Do you have any financial commitments?	YES <input type="radio"/>	NO <input type="radio"/>	_____
Do you have any racial prejudices?	YES <input type="radio"/>	NO <input type="radio"/>	_____
Have you experienced a death within the past year?	YES <input type="radio"/>	NO <input type="radio"/>	_____
Have you experienced any major life changes in the past year?	YES <input type="radio"/>	NO <input type="radio"/>	_____

U.S. Travel and Citizenship

Have you ever been denied for a visa to the U.S.?	YES <input type="radio"/>	NO <input type="radio"/>	Are you or your parents U.S. citizens?	YES <input type="radio"/>	NO <input type="radio"/>
Do any of your family members live in the U.S.?	YES <input type="radio"/>	NO <input type="radio"/>	Have you ever been an Au Pair in the U.S.?	YES <input type="radio"/>	NO <input type="radio"/>
<i>If yes, please explain.</i>			<i>If yes, list your Au Pair agency, starting/ending date, and if you completed the program.</i>		
<div style="border: 1px solid black; height: 50px; width: 100%;"></div>			<div style="border: 1px solid black; height: 50px; width: 100%;"></div>		

Au Pair Placement

Please select the types of parents you are willing to work with. <i>Select all that apply.</i>		Do you have a preference where (City, State or type of area) you would like to be placed? <i>Please note that preferences may limit the number of Host Families available to interview you.</i>
<input type="checkbox"/> Married	<input type="checkbox"/> Single Mom	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Single Dad	
Are you a vegetarian?		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
YES <input type="radio"/>		
NO <input type="radio"/>		
If yes, are you willing to be with a family who eats meat, and cook meat as part of your job?		In the event of unplanned expenses during your Au Pair Program (i.e: unplanned flight to home country, medical expenses, etc) what plan do you have in place to cover required costs?
YES <input type="radio"/>		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
NO <input type="radio"/>		

I agree that all of the information submitted is complete and accurate. I understand that submitting false or misleading information on any Go Au Pair form will result in my immediate removal from the Au Pair program at my expense. I agree to abide by all Go Au Pair requirements and U.S. Department of State regulations. I have read and agree to Go Au Pair's privacy policy. (www.goaupair.com/privacy) By signing this form, I give Go Au Pair consent to use this information in processes related to the Au Pair program.

Au Pair Signature for Application _____ Date _____

Office Verified for Application _____ Date _____