

HHS Au Pair Application

Please type your answers neatly.

Personal information	
Name :	First:
	Middle:
	Last:
Date of birth:	Day:_____ Month:_____ Year:_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality:	
Religion:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what's your religion? _____ How often do you attend religious services?
Email address:	
Skype ID:	
The best time to contact you:	
Home phone/landline: (national code +area code +number)	
Mobile phone: (national code +area code +number)	
Contact address:	Street:
	City:
	State:
	Postal code:
	Country:
Emergency contact information:	Name:
	Relation:
	Phone:
	Does this person speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No
Earliest arrival date:	Day:_____ Month:_____ Year:_____
Last arrival date:	Day:_____ Month:_____ Year:_____
Length of stay:	<input type="checkbox"/> 3m <input type="checkbox"/> 6m <input type="checkbox"/> 12m
Departure City/airport:	
Native language:	
Chinese level:	<input type="checkbox"/> Never learned <input type="checkbox"/> 0-300 vocabularies <input type="checkbox"/> >=300 vocabularies

	<input type="checkbox"/> More than 800 vocabularies <input type="checkbox"/> More than 2500 vocabularies <input type="checkbox"/> More than 3500 vocabularies	
Other languages:	Languages	level
		<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
		<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
		<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Health information		
Do you have any pre-existing medical problems or disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:		
Do you have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:		
Do you have any physical or medical restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:		
Do you take medications or drugs regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:		
Have you ever needed treatment, counseling or hospitalization for a psychological or psychiatric condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:		
Are you currently recovering from an injury or chronic diseases (HIV positive, Hepatitis etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give more details:		
Have you ever suffered from or sought treatment for depression, alcoholism, drug addiction or an eating disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:		
Please describe yourself:	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Smoker <input type="checkbox"/> Occasional/social smoker If social smoker, how often?	
If you do smoke, can you agree not to smoke in your host family's home and whenever responsible for and with the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony or misdemeanor not including traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, please explain:					
Do you have any dietary restrictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:					
Have you ever been away from home for longer than 2 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate when, where, why and for how long?					
Are you planning a holiday/vacation before you leave?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate when and where we can reach you while you are away:					
Family Information					
Parents					
	Name	Occupation	Phone Number	Mailing Address	
Father					
Mother					
Siblings					
Name		Relation		Year of Birth	
Education & Employment History					
Educational Background	Please specify your educational information below (from the highest level)				
	University/College/School name	Dates from	Dates until	Major	Degree
Employment	1. Job Title		Employer		
	Dates from		Dates until		

history (Other than work caring for children, have you had any other job/employment ?	Responsibilities:			
	2. Job Title		Employer	
	Dates from		Dates until	
	Responsibilities:			
	3. Job Title		Employer	
	Dates from		Dates until	
	Responsibilities:			
Hobbies & Interests				
Hobbies and Interests	<input type="checkbox"/> Swimming	<input type="checkbox"/> Golf	<input type="checkbox"/> Singing	<input type="checkbox"/> Arts and crafts
	<input type="checkbox"/> Tennis	<input type="checkbox"/> Running	<input type="checkbox"/> Dancing	<input type="checkbox"/> Violin
	<input type="checkbox"/> Soccer	<input type="checkbox"/> Biking	<input type="checkbox"/> Reading	<input type="checkbox"/> Guitar
	<input type="checkbox"/> Basketball	<input type="checkbox"/> Skiing	<input type="checkbox"/> Writing	<input type="checkbox"/> Piano/keyboard
	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Cooking	<input type="checkbox"/> Photography
	<input type="checkbox"/> Table tennis	<input type="checkbox"/> Badminton	<input type="checkbox"/> Computers	<input type="checkbox"/> Voluntary work
	<input type="checkbox"/> Horse riding	<input type="checkbox"/> Choir	<input type="checkbox"/> Artwork	
Do you have any other hobbies not listed above?				
Certificates/Skills	<input type="checkbox"/> Childcare/Babysitting		<input type="checkbox"/> Coaching (e.g. sports)	
	<input type="checkbox"/> First Aid		<input type="checkbox"/> Life Saving Certificate	
Do you have any other talents/skills not listed above?				
Please describe your experience with household duties (cooking, cleaning, etc.):				
Do you mind living with a host family that followed a special diet (e.g. vegetarian, kosher, etc.) ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you mind living with pets?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list what pets you cannot live with and the reason:				
Childcare				
Please describe your views on raising children:				

Why should a family choose you as their au pair?

Childcare experience

Please describe in detail, all of your childcare experiences and what your responsibilities were with the children. Start with your most significant experience. If you worked in a group setting (such as daycare center, playgroups etc.), please indicate the number of children in the group and the age range. You do not need to list the children separately.

Type of childcare :

- *Babysitting your little brothers/sisters (sibling are) *Volunteering at a childcare center or kindergarten
- *Babysitting other relatives *Babysitting for neighbors
- *Coaching sports for kids *Daycare *Youth Group
- *Nanny *Au Pair *Tutoring *Volunteer

Childcare experience 1

Type of childcare	Ages and gender of children	Hours of childcare

Childcare experience 2

Type of childcare	Ages and gender of children	Hours of childcare

Childcare experience 3

Type of childcare	Ages and gender of children	Hours of childcare

I agree that all of the information submitted is complete and accurate. I understand that submitting false or misleading information on any HHS Au Pair form will result in my immediate removal from the HHS China Au Pair Program at my expense. I agree to abide by all HHS requirements.

Au Pair Signature for Application		Date	
Office Verified for Application		Date	

Personal letter

Please write a personal letter to your future host family. This should be more than 600 words long. This is a chance to show off your personality so make it something you can be proud of.

Dear Host Family,

