

**Newborn and Family Care of New England, LLC
P.O. Box 8
Wrentham, MA 02093**

JOB APPLICATION

DATE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE: _____ CELL: _____

WEBSITE: _____ EMAIL: _____

SS NO.: _____ ARE YOU ABLE TO WORK AS U.S. CITIZEN? _____

DO YOU HAVE A U.S. WORK PERMIT? _____ COPY PROVIDED: _____

NEWBORN: _____ BIRTH DOULA: _____ POSTPARTUM DOULA: _____

24-HOUR CARE: _____ DAYTIME (4 HR MINIMUM): _____ MULTIPLES: _____

OVERNIGHTS: _____ VACATION/TRAVEL: _____

PARTICULAR DAYS/NIGHTS REQUESTED? _____

DO YOU HAVE A CAR? _____ DO YOU HAVE COMMUTER ACCESS? _____

DO YOU HAVE A CURRENT U.S. PASSPORT? _____ COPY PROVIDED: _____

ALLERGIES TO PETS? _____ CPR CERTIFIED: _____ EXPIRES: _____

PROFESSIONAL CERTIFICATIONS, LICENSES OR TRAINING & EXPIRATION
DATES? _____

COPIES PROVIDED: _____

ARE YOU CURRENTLY COVERED WITH PROFESSIONAL LIABILITY
INSURANCE & EXPIRATION DATE? _____ COPY PROVIDED _____

PAGE 2 (CONT'D)

NAME: _____

LETTERS OF RECOMMENDATION? _____ COPIES PROVIDED? _____

REFERENCES:

EMERGENCY CONTACT NAME AND PHONE NUMBERS:

WHEN WOULD YOU BE INTERESTED IN STARTING? _____

EXPECTED INCOME? _____

PLEASE NOTE:

WE ARE REQUIRED TO HAVE A CORI (CRIMINAL OFFENDER RECORD INFORMATION) SCREENING DONE ON EVERY APPLICANT.

YOU WILL BE REQUIRED TO SIGN A CONFIDENTIALITY AGREEMENT TO PROTECT ALL INFORMATION ABOUT YOUR CLIENT FAMILIES.