



PO Box 4792 Kailua-Kona, HI 96745 E-mail: [mkcare@mkcare.com](mailto:mkcare@mkcare.com)  
Phone: (808) 331-2909 Fax: (808) 331-2810 E-mail: [mkcare@mkcare.com](mailto:mkcare@mkcare.com)

Aloha,

Thank you for your interest in Malihini Keiki Care. We have been serving the hotels and resorts of the Big Island since 1994. The need for quality child care providers is continually ongoing as our business and demands continue to grow. If you enjoy children, like flexibility and versatility then this work may be something you will enjoy. Malihini Keiki Care offers ongoing support and competitive rates for all nannies. Our goal is to serve our visiting guests, residents and children with professional quality service and Aloha and to provide you a way of earning income in a fun and rewarding way.

Please send in your completed application with 2 written references. When we receive your application we will call you to schedule a short interview. If you are selected to be placed on our database, we will go over the further requirements and have you attend an MKC orientation class.

Once you have completed the requirements, all new nannies will be placed on a 3 month trial basis. This is beneficial for both the agency and the nanny to be able to determine if this job is mutually a good fit. We will schedule sits for you based on your availability and the amount of work we have at that time. Please understand that it is a seasonal business and there are some slow times as well as busy times. We cannot guarantee hours but we do the best we can to give you every opportunity to work. The more available you are, the easier it is to assign sits to you. Guests who want to have a nanny for numerous dates & times throughout their stay always prefer to have the same sitter for all of the times they schedule.

If you have any questions please call 331-2909 between the hours of 9am & 5pm.

Please fill out online and e-mail back at the above address or print and fill out and send the application to the above address.

We look forward to hearing from you soon.

Mahalo

*Heidi Teves*

Heidi Teves

Owner/Operator

MKC Application



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APPLICATION TO BE LISTED ON THE MKC REFERRAL DATABASE. MKC IS A REFERRAL SERVICE WHICH SEEKS QUALIFIED PERSONS TO PROVIDE QUALITY CHILDCARE IN THE HOTEL/RESORT SETTING. ALL PERSONNEL ACTIONS ARE ADMINISTERED WITHOUT DISCRIMINATION BASED UPON RACE, COLOR, RELIGIONS, SEX, MARITAL STATUS, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS.

<b><u>PERSONAL INFORMATION</u></b>		Social Security Number:	
		Birth date:	
Last Name:		First Name:	Middle Initial:
Present Address:			
Zip Code:			
Cell Phone:	Home Phone:	Work Phone:	
E-mail Address:			

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give the nature and the date of conviction:

Record of conviction does not necessarily disqualify an applicant.

<b><u>EDUCATIONAL INFORMATION</u></b>				
High School		Did you graduate?	Yes No	Years Attended
College, Business, Vocational, Trade		Did you graduate?	Yes No	Years Attended
Other Education (Military, On-The Job, Seminars Etc.)		Did you graduate?	Yes No	Years Attended

**EMPLOYMENT HISTORY:** Please list all jobs beginning with the most recent. Account for all periods of employment & military service. Explain any lapse of time over 3 weeks between employments in the comment section. Failure to provide complete information may result in disqualification of your application. Use a supplemental sheet, if necessary. You may attach a resume.

<b>From:</b> <b>Mo/Yr</b>	<b>Company:</b>	<b>Title:</b>
<b>To :</b> <b>Mo/Yr</b>		
<b>Salary:</b>	<b>Phone:</b>	<b>Duties:</b>
<b>Supervisor's Name:</b>	<b>May we contact this employer?</b>  Yes No	<b>Reason for leaving:</b>
<b>From:</b> <b>Mo/Yr</b>	<b>Company:</b>	<b>Title:</b>
<b>To :</b> <b>Mo/Yr</b>		
<b>Salary:</b>	<b>Phone:</b>	<b>Duties:</b>
<b>Supervisor's Name:</b>	<b>May we contact this employer?</b>  Yes No	<b>Reason for leaving:</b>
<b>From:</b> <b>Mo/Yr</b>	<b>Company:</b>	<b>Title:</b>
<b>To :</b> <b>Mo/Yr</b>		
<b>Salary:</b>	<b>Phone:</b>	<b>Duties:</b>
<b>Supervisor's Name:</b>	<b>May we contact this employer?</b>  Yes No	<b>Reason for leaving:</b>

**If more than three employers, list here:**

Employer/	Dates	Phone Number	Supervisor
Employer/	Dates	Phone Number	Supervisor
Employer/	Dates	Phone Number	Supervisor

**EMPLOYMENT CONTINUED**

**COMMENTS** (including additional working experience, explanation of any gaps in employment, special employment training etc): \_\_\_\_\_

State whether you have ever been terminated or suspended from any previous employment and describe the circumstances: \_\_\_\_\_

Please list prior experience with children or education in relation to children:

\_\_\_\_\_

**AVAILABILITY**

I am aware that in order to be listed as a MKC Provider, I must supply all of the database requirements as specified by MKC.

I am available:    Full Time                      Part Time                      Casual                      Other

Please Specify: (We understand that this schedule may vary from week to week)

Sunday: Between \_\_\_\_\_ & \_\_\_\_\_

Monday: Between \_\_\_\_\_ & \_\_\_\_\_

Tuesday: Between \_\_\_\_\_ & \_\_\_\_\_

Wednesday: Between \_\_\_\_\_ & \_\_\_\_\_

Thursday: Between \_\_\_\_\_ & \_\_\_\_\_

Friday: Between \_\_\_\_\_ & \_\_\_\_\_

Saturday: Between \_\_\_\_\_ & \_\_\_\_\_

I would like to provide care for up to (6 is max) \_\_\_\_\_ children between the ages of \_\_\_\_\_ and \_\_\_\_\_ years of age.

The geographical areas I will be willing to work are (ex. Kona, Waikoloa, etc.):

\_\_\_\_\_

Briefly describe the type of activities you will anticipate offering to the children in your care:

\_\_\_\_\_

**PERSONAL REFERENCES**

Give the names, addresses and phone numbers of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Phone Number

**AUTHORIZATION AND ACKNOWLEDGMENT**

I authorize MKC or its duly authorized representative to verify all statements contained in this application, to conduct any background investigations deemed necessary and I release from all liability whatsoever all persons, companies & corporations supplying such information. I expressly agree to indemnify MKC of any liability which might result from making such investigations. I understand that any false answers, statements or implications made by me in this application shall be considered sufficient cause for denial or discharge from the MKC referral database.

Additionally, I understand that nothing contained in this application or in the granting of any interview is intended to create a contract between MKC and myself to be listed on the MKC database. No promises to be listed on the MKC database have been made to me and I understand that no such promise or guarantee is binding upon MKC unless in writing. If a provider/referral relationship is established, I shall conform to MKC policies and procedures. I understand that I have the right to remove myself from the MKC referral database at any time for any reasons, and that MKC retains a similar right. My signature below is an acknowledgement that I have fully read and understand all expressed conditions and terms of the application.

\_\_\_\_\_  
Signature of Applicant/ for e-mail submission please type name and date

Revised 4/21/2017