



NANNY SERVICES
OF NEVADA

316 California Avenue
Suite 109
Reno, NV 89509
Phone: 775-334-4725
Fax: 775-284-7475

Nanny Questionnaire

Name _____ Date _____ Phone No. _____

Address _____

E – Mail Address _____

Date of birth _____ Social Security No. _____

Availability: Part Time Full Time Desired Starting Wage _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Present Place of Employment _____ Length of Employment _____

May we contact your current employer? No Yes – Phone No. _____

Have you ever been a nanny? No Yes – if so, length of service? _____

How many children did you care for? _____ What ages? _____

Reason for leaving? _____

May we contact the family? No Yes – Name & Phone No. _____

Level of Swimming Ability Excellent Average Poor None

<u>EDUCATION</u>	Name of School	Area of Study	Dates Attended	Date of Graduation
High School				
College				
Other				

Please list two personal references excluding family members:

Name _____ Phone No. _____ Relationship _____

Name _____ Phone No. _____ Relationship _____

<u>PREVIOUS EMPLOYMENT</u>	Name of Employer	Phone No.	Title/Position	Dates Employed
1.				
2.				
3.				

Have you received any professional child care training or schooling? Yes No

If yes, where and when? _____

What are your goals for the future? _____

What has been your most challenging child care experience and why? _____

Describe as a nanny what you think a typical day would consist of. _____

What type of activities would you incorporate as a part of the children's daily routine? _____

What duties and responsibilities do you feel are necessary in a nanny position? _____

The following are required:

CPR Card Have Need to obtain **Current Drivers License** Have Need to obtain

Automobile Insurance Have Need to obtain **Sheriff's Card** Have Need to obtain

Proof of Vehicle Registration Have Need to obtain

Please use the space below to explain why we should consider you for the nanny position.

Affidavit – PLEASE READ CAREFULLY

To the best of my knowledge, I have truthfully disclosed all information asked for in this application. I authorize contact with any person or entity named in this application and any other person or entity that may have knowledge concerning my past for the purpose of obtaining information material to my qualifications and suitability for employment.

I authorize all those with whom I am acquainted – previous employers, physicians, professionals, institutions, neighbors, friends, and/or agencies asked to provide criminal conviction history and others – to furnish any and all information that they may have concerning me which may be material to my qualifications and suitability for the job for which I have applied.

Applicants Signature _____ Date _____

Agent Signature _____ Date _____