



# WASHOE COUNTY

Integrity Communication Service

**HUMAN SERVICES AGENCY**  
Child Care Services

350 S. CENTER STREET  
RENO, NEVADA 89501-2103  
PHONE: (775) 337-4470  
FAX: (775) 337-4495

**APPLICATION FOR DIRECTOR OF:**

- Child Care Center**
- Infant Toddler Nursery**

Full Legal Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Child Care Work Permit No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Briefly state your educational background. **Enclose transcript of grades and subjects or qualifying certificates. Also include copy of valid child care work permit card, negative TB test results, and Nevada Registry enrollment approval.** (Your application will not be considered without these.)

List employment for past five years *plus all child care employment:*

1.	Employer	Address	From Mo./Yr.	To Mo./Yr.	Hours Per Week
	Position Held:		Tel. No.		
2.	Employer	Address	From Mo./Yr.	To Mo./Yr.	Hours Per Week
	Position Held:		Tel. No.		
3.	Employer	Address	From Mo./Yr.	To Mo./Yr.	Hours Per Week
	Position Held:		Tel. No.		
4.	Employer	Address	From Mo./Yr.	To Mo./Yr.	Hours Per Week
	Position Held:		Tel. No.		
5.	Employer	Address	From Mo./Yr.	To Mo./Yr.	Hours Per Week
	Position Held:		Tel. No.		

Do you have a record with any law enforcement agency? \_\_\_\_\_  
If so, list charges, arrests, and convictions, including dates and name of agency, and whether or not the charges were dismissed:

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Have you ever been accused of child abuse or neglect? \_\_\_\_\_  
Please list the date, circumstances, and agency involved:

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Why do you believe you are qualified to direct the staff and program of a child care facility?

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List four **professional** references that can verify your child care experience:  
(Please provide complete addresses)

Name	Address	Telephone Number

If applying for director of an infant-toddler nursery, indicate paid work experience in caring for infants and toddlers: \_\_\_\_\_

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Name of facility in which you plan to act as director:

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Your signature will authorize this Department to verify pertinent application information.

Applicant Signature: \_\_\_\_\_

**This portion must be signed by an authorized person with the facility for the application to be processed:**

The above-named applicant is a candidate for a director position in

\_\_\_\_\_  
(Name of Child Care Facility)

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_