

Voluntary Candidate Questionnaire

Date: 5/1/00

Name: NICANDEA DIAZ (NICKY) E-mail:

Home phone: (510) 780-0263 Work phone: Pager: Cellular phone:

Address: 1636 FOLLOM AVE HAYWARD CA, 94541. State: Zip code:

Cross street: POMPANO AVE

Social security #: 572-49- [REDACTED]

Are you a U.S. Citizen? Yes No If not, what country are you from? MEXICO CITY When did you move to the U.S.? 1990

Can you legally accept employment? Yes No

Do you drive? Yes No Driver's License # [REDACTED]

How long have you been driving? 8 years Can you drive a stick shift? Yes No

Do you have a car? Yes No Year: 1995 Make/Model: WINSTAR (FORD)

Do you have car insurance? Yes No Insurance Company: AAA

Type of position desired (Check all that apply): Nanny Personal Assistant Household Manager Baby Nurse Housekeeper Estate Manager Cook Butler Other

Live-in Live-out Full-time (30 or more hrs/wk) Part-time (under 30 hrs/wk) Long-term (1 year or longer) Temporary (please specify)

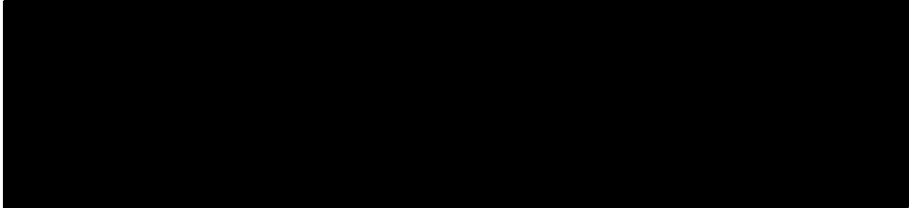
Date available to start new position: As soon as possible.

Salary desired: \$25.00/hrs. to \$(net=after taxes)

Hours preferred: 9-5 Hours unavailable:

Range \$18-25 per hour - depends on job.

In what cities would you consider working? MENLO PARK, PALO ALTO, ATHERTON, REDWOOD CITY or MOUNTAIN VIEW.



Voluntary Candidate Questionnaire

Your name:

Would you be comfortable working with two clients who wanted to share your services? Yes No

Are you comfortable working with a parent/employer in the home? Yes No

Are you comfortable working with a single parent/employer? Yes No

Are you comfortable working in a home with pets? Yes No

Would you consider a position that includes travel? Yes No **DEPEND.**

Would you be willing to occasionally work extra hours? Yes No

Would you be willing to do an occasional over-night? Yes No

Do you have any religious obligations, preferences or practices which would affect your job? Yes No If yes, please explain:

What duties are you willing to perform? (Check all that apply):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Light housekeeping | <input type="checkbox"/> Driving children | <input type="checkbox"/> Gardening | <input checked="" type="checkbox"/> Pet care |
| <input checked="" type="checkbox"/> Complete housekeeping | <input checked="" type="checkbox"/> Carpool | <input checked="" type="checkbox"/> Homework help | <input type="checkbox"/> Household event planning |
| <input type="checkbox"/> Children's laundry | <input checked="" type="checkbox"/> Grocery shopping | <input type="checkbox"/> Typing | <input type="checkbox"/> Child related event planning |
| <input checked="" type="checkbox"/> Family laundry | <input checked="" type="checkbox"/> Errand running | <input type="checkbox"/> Filing | <input type="checkbox"/> Scheduling service personnel |
| <input checked="" type="checkbox"/> Ironing | <input checked="" type="checkbox"/> Personal shopping | <input checked="" type="checkbox"/> Computer data entry | <input type="checkbox"/> Supervising household staff |
| <input type="checkbox"/> Mending | <input type="checkbox"/> Purchasing children's clothing | <input type="checkbox"/> Household bookkeeping | <input type="checkbox"/> Hiring household staff |
| <input type="checkbox"/> Cooking (for children) | | | |
| <input type="checkbox"/> Cooking (for family) | | | |

How would you rate your cooking ability? Beginner Average Gourmet

What type of food do you enjoy making?

Education	Name of school and location	Dates attended (to/from)	Degree/Major courses of study
High school	MEXICO CITY	1983-86	DEGREE.
Technical, vocational, business or training			
College or University	MEXICO CITY	1986-1989	DEGREE.
Graduate school			

Are you currently taking classes? Yes No If yes, where? CANADA COLLEGE. What is your class schedule? ENGLISH.

Additional course work, seminars, training or volunteer work:

Future goals: I want work for a few years and I want back to school and take COMPUTER ADMINISTRATION.

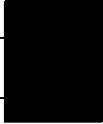


Voluntary Candidate Questionnaire

Your name:

Health History

Are you now in good health?



Date of last visit with a doctor:

Physician:

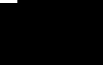
Phone:

Date of last T.B. test or X-ray:



Have you ever filed for or received Workers Compensation?

If yes, when?



If yes, describe and explain the work limitations:

Do you have any physical limitations?



Do you take any prescribed medications?

Do you smoke? (if yes, specify amount and how often)

Do you drink? (if yes, specify amount and how often)

Do you now, or have you ever been treated for a drug or alcohol problem?

Do you now have, or have you ever been told that you have:

Arthritis

Cancer

Diabetes

Heart disease

Hernia

Chest pain or pressure

Emotional problems

High blood pressure

Epilepsy or convulsions

Skin diseases

Fainting or dizziness

Allergies, hay fever

Frequent headaches

Chronic coughs or colds

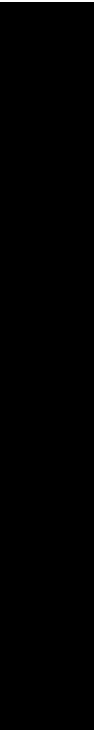
Do you now have, or have you been treated for any back disorder or injury?

Have you ever been advised to change occupation or residence because of health?

Do you have any medical considerations?

Have you had any major operations or illnesses?

Do you carry health insurance? (if yes, note insurance company's name)



Voluntary Candidate Questionnaire

Your name:

Employers are always interested in hearing more about you and your family. Please be advised that the following information does not determine your eligibility for employment and is disclosed voluntarily.

Marital status: Married Single Divorced
 Partner Separated Widowed

Partner's name: JESUS SANTIAGAN Age: 34 How long have you been together? 12 years.

Partner's birthplace: MEXICO CITY (CONSTRUCTION) Current employer: NEW CON. How long employed there? 1 year.

If you have children: 2 (BOYS)

Name	Age	School/Occupation	City
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

School 9-3pm.

If you have young children, do you plan to bring them to work with you? Yes No

If not, who will care for them while you are working? MY MOM. - lives in Menlo Park

Please tell us about the family you grew up with: across street from school

Your father's occupation: - Retired - Mexico City -

Your mother's occupation:

Your brothers and sisters: 11 Brothers + Sisters.

Name	Age	Occupation	City
<u>8 in USA - in Bay Area</u>			
<u>3 in Mexico City</u>			

Please list a few of your hobbies and interests: READ, PLAY WITH MY KIDS, and WALK.

Voluntary Candidate Questionnaire

Your name: NICANORA DIAZ

Please list the languages you speak fluently:

SPANISH & ENGLISH.

What types of activities do you enjoy doing with children?

Please share the reasons you enjoy working with children:

If you were hiring someone for the position of Nanny, what qualities would you look for?

How do you manage difficult behavior?

Is there any additional information you would like to share about yourself?

Do you play a musical instrument? Yes No

Do you swim? Yes No

Are you registered with Trustline? Yes No When?

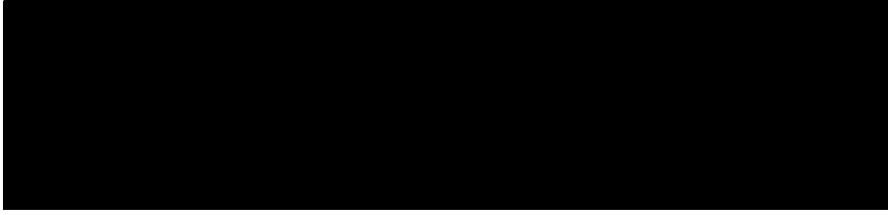
Are you CPR certified? Yes No When? Expiration date:

What ages of children do you feel comfortable working with?

- | | | |
|--|---|--|
| <input type="checkbox"/> Infant (under 1 yr.) | <input type="checkbox"/> Preschool (3 yrs. to 5 yrs.) | <input type="checkbox"/> School age (10 yrs. to 13 yrs.) |
| <input type="checkbox"/> Toddler (1 yr. to 2 yrs.) | <input type="checkbox"/> School age (6 yrs. to 10 yrs.) | <input type="checkbox"/> Teenager (13 yrs. +) |

How many children are you comfortable working with (at one time)?

Are you comfortable working with twins? Yes No



Voluntary Candidate Questionnaire

Your name:

Work History: Household experience

Job title: Start date: End date: Length of service:

[Redacted job title, dates, and length of service]

Employer/Mother: Occupation: Work phone: [Redacted]

Employer/Father: Occupation: Work phone: [Redacted]

Address: [Redacted]

Days worked: [Redacted] Live-in Live-out

Starting salary Net: \$ 20.75/hr Gross: \$ Finishing salary Net: \$ 20.75/hr Gross: \$ 90

Duties: complete house cleaning - 1 story, carpet/hardwood floors - dusting, mopping occ beds

Number of bedrooms: 3 Number of bathrooms: 2 Other rooms: 3 Formal or Casual

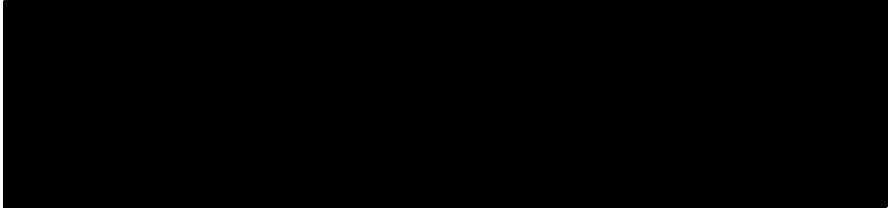
Were there any other employees in the household? Yes No

How did you find this position? (newspaper, agency, etc.): REFERENCE.

Reason for leaving: Continues - needs more hours on addition.

May we call your employer? Yes No

for office use only Reference



Voluntary Candidate Questionnaire

Your name:

Work History: Household experience

Job title: [Redacted] Start date: [Redacted] End date: [Redacted] Length of Employment: [Redacted]

Employer/Mother: [Redacted] Work phone: [Redacted]

Employer/Father: [Redacted] Occupation: [Redacted] Work phone: [Redacted]

Address: [Redacted] City: [Redacted] State: [Redacted] Zip code: [Redacted]

Days worked: TWICE A MONTH - Monday Hours worked: 2 to 3 Live-in Live-out

Starting salary Net: \$ 25/hr Gross: \$ Finishing salary Net: \$ 25/hr Gross: \$ 70

Duties: COMPLETE HOUSE CLEANING. 3 Storey
 - Italian Ceramic floors
 - Some Antiques + fine furnishings.

Number of bedrooms: 4 Number of bathrooms: 3 Other rooms: 5 Normal or Casual

Were there any other employees in the household? Yes No

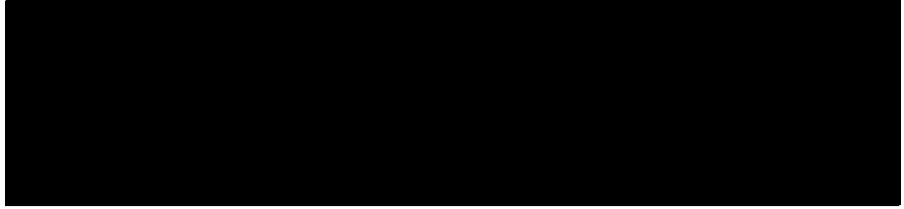
How did you find this position? (newspaper, agency, etc.): REFERENCE.

Reason for leaving: Continued.

May we call your employer? Yes No

- works with 1 other cleaner at this house

for office use only Reference



Voluntary Candidate Questionnaire

Your name: _____

Work History: Household experience

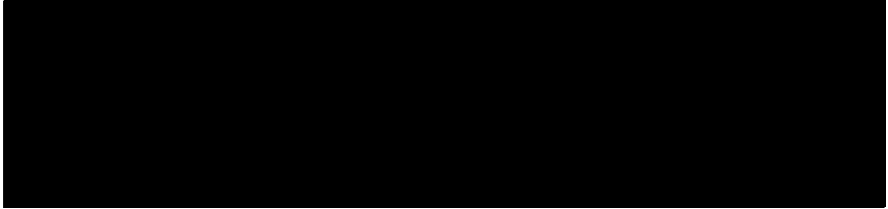
Job title: _____ Length of Employment: _____
 Employer/Mother: _____ Work phone: _____
 Employer/Father: _____ Occupation: _____ Work phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Days worked: 1 DAY FOR WEEK: Wednesday Hours worked: 2 hrs. Live-in Live-out
 Starting salary Net: \$ 10⁰⁰/hr Gross: \$ _____ Finishing salary Net: \$ 25⁰⁰/hr Gross: \$ 50⁰⁰
 Duties: COMPLETE HOUSE CLEANING.
(NO IRON, NO WASH CLOTHES)

Number of bedrooms: 1 Number of bathrooms: 1 Other rooms: 3 Formal or Casual - 1 story
 Were there any other employees in the household? Yes No

How did you find this position? (newspaper, agency, etc.): REFERENCE BY FRIENDS
 Reason for leaving: Continues -

May we call your employer? Yes No
 for office use only Reference



Voluntary Candidate Questionnaire

Your name:

Work History

Job title: _____ End date: _____ Length of Employment: _____

Employer/Company: _____ Supervisor: _____ Phone: _____

Address: _____ Zip code: _____

Days worked: *TWICE A MONTH.* Hours worked: *2 to 3.*

Starting salary Net:\$ _____ Gross:\$ *50⁰⁰* Finishing salary Net:\$ _____ Gross:\$ *50⁰⁰*

Duties: *REGULAR CLEANING.*

Apartment.

How did you find this position? (newspaper, agency, etc.): *REFERENCE*

Reason for leaving: _____

May we call your employer? Yes No

for office use only
 Reference

Job title: _____ Start date: _____ End date: _____ Length of Employment: _____

Employer/Company: _____ Supervisor: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip code: _____

Days worked: _____ Hours worked: _____

Starting salary Net:\$ _____ Gross:\$ _____ Finishing salary Net:\$ _____ Gross:\$ _____

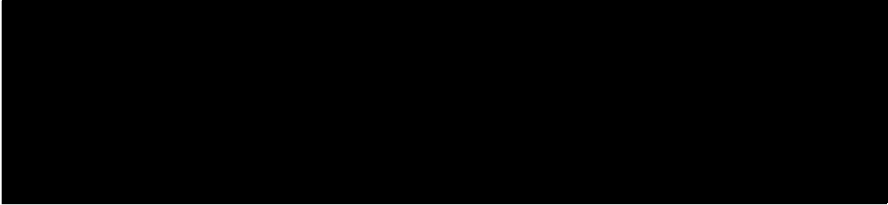
Duties: _____

How did you find this position? (newspaper, agency, etc.):

Reason for leaving:

May we call your employer? Yes No

for office use only
 Reference



Voluntary Candidate Questionnaire

Your name:

Work History

Job title: [Redacted] Length of Employment: [Redacted]
 Employer/Company: [Redacted] Supervisor: [Redacted]
 Address: [Redacted] State: [Redacted] Zip code: [Redacted]

Days worked: TWICE A MONTH - TUES. Hours worked: 2
 Starting salary Net:\$ 25⁰⁰/hr. Gross:\$ Finishing salary Net:\$ 25⁰⁰/hr. Gross:\$
 Duties: COMPLETE HOUSE CLEANING.

- 3 Storey.
 - Small Family home.
 - hardwood + Carpet.
 - some antique furniture.

How did you find this position? (newspaper, agency, etc.): REFERENCES
 Reason for leaving:
 May we call your employer? Yes No

for office use only
 Reference

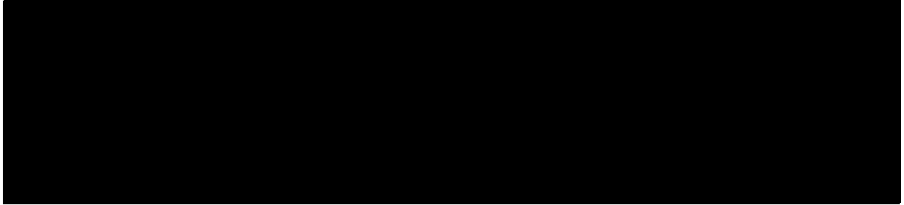
Job title: [Redacted] Start date: [Redacted] Length of Employment: [Redacted]
 Employer/Company: [Redacted]
 Address: [Redacted]

Days worked: ONCE A WEEK - THURS. Hours worked:
 Starting salary Net:\$ 70⁰⁰ Gross:\$ Finishing salary Net:\$ 80⁰⁰ Gross:\$ 80⁰⁰
 Duties: CLEAN KITCHEN, BATHROOMS, BEDROOMS, LIVING & DINING ROOM.

- 2 Storey
 - Medium sized family home

How did you find this position? (newspaper, agency, etc.): REFERENCES
 Reason for leaving:
 May we call your employer? Yes No

for office use only
 Reference



Voluntary Candidate Questionnaire

Your name:

Landlord References (current and previous):

Your re 

Dates at this residence: U 

Your re 

Dates at this residence: U From: 1995 To: 1/2000

Home Owner 2/2000 - Now

Additional reference information(non-relatives):



Please describe your driving record:

CLEAR

Have you had any accidents or traffic violations? Yes No

If so, please explain:

Have you ever been convicted of a misdemeanor or felony? Yes No

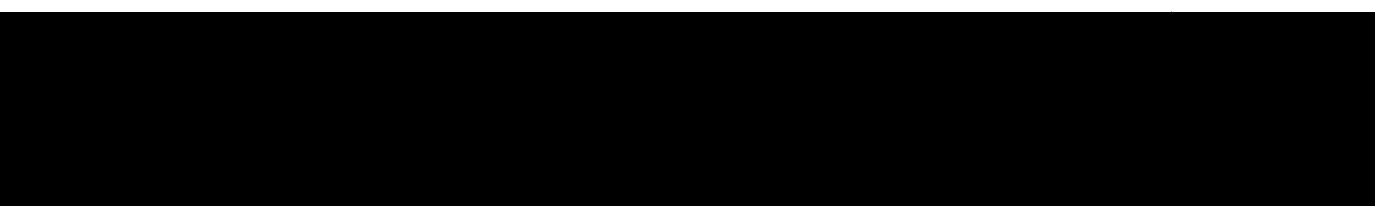
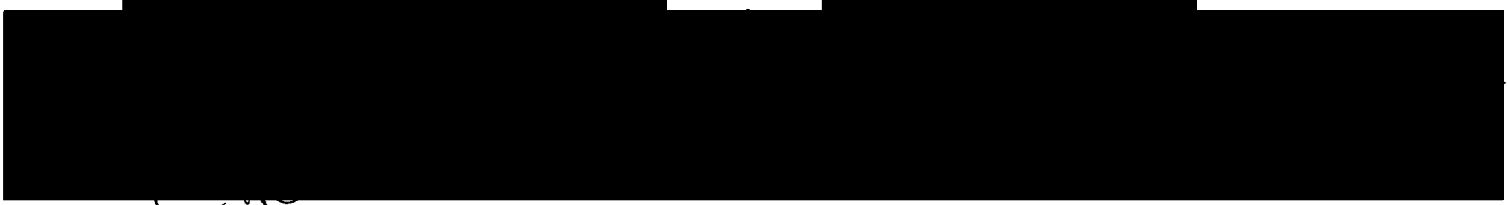
If so, please explain (convictions do not necessarily disqualify you from employment):

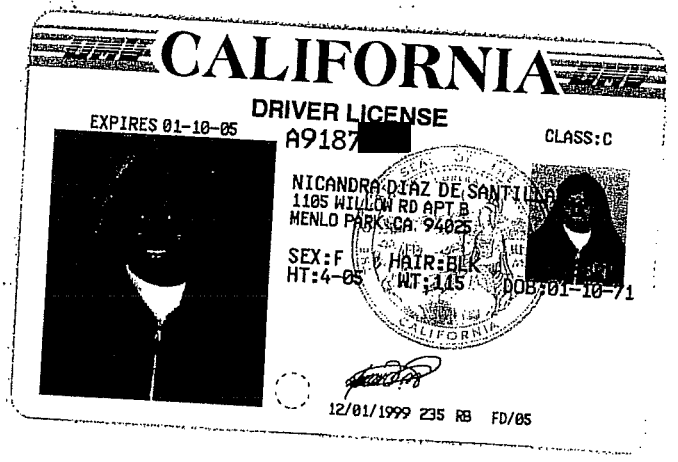
Person to notify in case of emergency:

Relationship:

Phone (day

Phone





Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010

2000

► For Privacy Act and Paperwork Reduction Act Notice, see page 2.

1 Type or print your first name and middle initial NIKANDRA D.		Last name SANTILLAN.		2 Your social security number 572 49 [REDACTED]	
Home address (number and street or rural route) 1636 FOULSON AVE		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</i>			
City or town, state, and ZIP code HAYWARD CA. 94544		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above OR from the applicable worksheet on page 2)		5		-0-	
6 Additional amount, if any, you want withheld from each paycheck		6		\$ -0-	
7 I claim exemption from withholding for 2000, and I certify that I meet BOTH of the following conditions for exemption: <ul style="list-style-type: none"> • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, write "EXEMPT" here. <input type="checkbox"/>		7			
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.					
Employee's signature (Form is not valid unless you sign it) ►		Date ► 11/10/00			
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number	

Cat. No. 102200

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136
Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last SANTILLAN	First NICANDEA	Middle Initial DIAZ	Maiden Name NICKY DIAZ
City FLANWAZD		State CA	Zip Code 94544
Date of Birth (month/day/year) 01/10/71		Social Security # 572-49- [REDACTED]	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
A citizen or national of the United States
A Lawful Permanent Resident (Alien # **A098761530**)
An alien authorized to work until **1/1/**
(Alien # or Admission # **_____**)

Employee's Signature 	Date (month/day/year) 11/10/00
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature 	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	Date (month/day/year) _____

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		CA DRIVER LICENSE		U.S.
Issuing authority: _____		A9189 [REDACTED]		SOCIAL SECURITY
Document #: _____		01/05		NUMBER.
Expiration Date (if any): 1/1				1/1
Document #: _____				
Expiration Date (if any): 1/1				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) **1/1** and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative 	Print Name _____	Title _____
Business or Organization Name _____	Address (Street Name and Number, City, State, Zip Code) _____	Date (month/day/year) _____

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable) _____	B. Date of rehire (month/day/year) (if applicable) _____
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): 1/1	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative 	Date (month/day/year) _____
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