

# Me and My Nanna, LLC

## AUTHORIZATION FOR RELEASE OF INFORMATION

### Background Check Disclosure

As part of the nanny referral process, Me and My Nanna, LLC, (hereinafter referred to as the "Service") is hereby authorized to obtain information from the Department of Motor Vehicles, Child Abuse and Sexual Abuse Registry and Social Security Identification Sources. I authorize Me And My Nanna, LLC, to obtain any pertinent information as it relates to Hepatitis B and Tuberculosis Waivers, from my primary care physician.

### Authorization and Release

During the application process and at anytime during any subsequent employment, I hereby authorize U.S. Information Search on behalf of the Service to procure information as it relates to my character and mode of living. This report may include Criminal Records, Driving Records, Past Employment or Education Verifications and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize, without reservation, any liability and responsibility for doing so. I hereby authorize the Service to release this report to any prospective employers. This authorization and consent shall be valid in original, fax, or copy form.

Last Name		First Name		MI		Maiden Name	
Date of Birth		Social Security Number		Drivers License Number		State	
Current Street Address				City, State		Zip	Duration
If less than five 5 years at current address, list prior addresses for past 5 years:							
Street Address				City, State		Zip	Duration
Street Address				City, State		Zip	Duration
Street Address				City, State		Zip	Duration
Applicant Printed Name			Applicant Signature			Date	

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### REFERENCES

LIST CURRENT OR MOST RECENT EMPLOYER FIRST. INCLUDE ALL EMPLOYMENT FOR PAST FIVE YEARS, CHILD CARE AND OTHER. USE BACK OF PAGE IF MORE ROOM IS NEEDED.

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EMPLOYER NAME: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_-\_\_\_\_\_  
YOUR POSITION: \_\_\_\_\_ AGES OF CHILDREN/ELDERLY AT START: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
WHY DID YOU LEAVE? \_\_\_\_\_

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EMPLOYER NAME: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_-\_\_\_\_\_  
YOUR POSITION: \_\_\_\_\_ AGES OF CHILDREN/ELDERLY AT START: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
WHY DID YOU LEAVE? \_\_\_\_\_

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EMPLOYER NAME: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_-\_\_\_\_\_  
YOUR POSITION: \_\_\_\_\_ AGES OF CHILDREN/ELDERLY AT START: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
WHY DID YOU LEAVE? \_\_\_\_\_

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I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my Application unfavorably. As an inducement to refer my name to prospective employers, I authorize Me and My Nanna, LLC, and its agents to verify any information contained in this Application and to obtain all relevant background information such as, but not limited to, Department of Motor Vehicles, Social Security Identification, Child Abuse Registries, and Sexual Offender Registries. I further authorize Me and My Nanna, LLC, to request and obtain information as it relates to my character, general reputation, personal characteristics and mode of living. I am well aware that certain medical clearances will be requested from my primary care physician. I'm also aware that this information will and can only be used as a pre-requisite for establishing my health without communicable diseases which could exist and could potentially cause illness or unnecessary exposure to the clients and client's family. I release all concerned from any liability in connection with any information they provide. I understand that the information obtained by Me and My Nanna, LLC, may be duplicated and given to any prospective employer considering hiring me, and I do hereby authorize this disclosure. I specifically request that all relevant persons and agencies fully cooperate with this investigation and provide all requested information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Applicant's full name

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**Me and My Nanna, LLC**

**Nanny Agreement And Release**

I hereby affirm I have provided accurate and complete information about myself to Me And My Nanna, LLC, (hereinafter referred to as the "Service"), as a company that refers caregivers to third parties for occasional

temporary and/or ongoing care. I further affirm that my answers to the questions on my application are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my Application unfavorably.

I acknowledge that I am not an employee of the Service. I further acknowledge that neither the Service nor any officer, director, member, shareholder, agent or employee thereof is responsible for the conduct of any person to whom I am referred and for whom I may work.

I agree to assume any and all risks associated with accepting a position as a dependent care provider through the Service by a referral. I agree that it is within the sole discretion of the Service to decide whether it is appropriate to refer me to a specific family or families and that it is within the sole discretion of the Service to determine now or in the future that it is appropriate that our contractual relationship terminate. I agree to release the Service and its officers, directors, shareholders, members, agents and employees from all injuries, losses, costs, damages and expenses, including reasonable attorney fees, as a result of any legal proceeding arising out of or in any way related to my use to the Service.

I further agree that I will not communicate, disclose or use for the benefit of any third party, any confidential information regarding the Service or any family for whom I am employed through the Service which may be communicated to me or which I may otherwise learn as a result of my use of the Service or my employment with any family referred by the Service.

I release all concerned from any liability in connection with any information they provide. I understand that the information obtained by Me And My Nanna, LLC, may be duplicated and given to any prospective employer considering hiring me, and I do hereby authorize this disclosure. I specifically request that all relevant persons and agencies fully cooperate with this investigation and provide all requested information.

I agree to reimburse the Service the cost of my Background Check and other expenses incurred on my behalf if I accept a job through the Service and later decide not to start the job or am unable to start the job. I agree not to accept employment with any family introduced to me through the Service without first advising the Service. I further agree to notify the Service if the status of employment changes e.g., if I begin working more hours or days per week or if I extend the length of original employment agreement with a family after having referred to the family by the Service.

The undersigned has read, understands and agrees to the foregoing Agreement and Release and is signing same the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

\_\_\_\_\_  
Nanny's Signature

Where did you hear about Me And My Nanna, LLC? \_\_\_\_\_

Are you currently working with any other Services?

- NO
- YES; if yes, which Service(s) are you working with? \_\_\_\_\_

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1. Why do you want to be a nanny? \_\_\_\_\_  
\_\_\_\_\_

2. How long can you commit to a family? \_\_\_\_\_

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3. What are some activities you enjoy doing with children? \_\_\_\_\_

4. Why is a nanny important to a family? \_\_\_\_\_

5. How would you handle a young child's temper tantrum? \_\_\_\_\_

6. How would you care for a sick child? \_\_\_\_\_

7. List three (3) precautions to keep a child safe: \_\_\_\_\_

8. Describe your disciplinary style. \_\_\_\_\_

9. How would family and friends describe your personality? \_\_\_\_\_

10. Do you anticipate any changes in your current status that a family should be aware of?

No

Yes

If yes, describe: \_\_\_\_\_

11. In case of an emergency, contact:

Name: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Relationship: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Nanny's Signature

\_\_\_\_\_  
Date

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DATE: \_\_/\_\_/\_\_

FULL NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVERS LIC# \_\_\_\_\_ STATE \_\_\_\_\_

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IDENTIFY THE TYPE OF JOB YOU ARE INTERESTED IN: (check all that apply)

TYPE OF CARE

- LIVE IN  
 FULL TIME  
 PART TIME  
 AFTER SCHOOL (one school year only)  
 SUMMER (one school year only)  
 TEMPORARY OR TRAVEL  
 EVENING/WEEKEND (occasional)

DAYS / HOURS AVAILABLE

- MONDAY \_\_\_\_\_ - \_\_\_\_\_  
 TUESDAY \_\_\_\_\_ - \_\_\_\_\_  
 WEDNESDAY \_\_\_\_\_ - \_\_\_\_\_  
 THURSDAY \_\_\_\_\_ - \_\_\_\_\_  
 FRIDAY \_\_\_\_\_ - \_\_\_\_\_  
 SATURDAY \_\_\_\_\_ - \_\_\_\_\_  
 SUNDAY \_\_\_\_\_ - \_\_\_\_\_

WHEN ARE YOU AVAILABLE TO START A NEW JOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

REQUESTED SALARY RANGE? (pre-tax) HOURLY? \$ \_\_\_\_\_ WEEKLY? \_\_\_\_\_

ARE YOU?  Single  Married  Divorced  Separated  Engaged  Widowed

DO YOU HAVE ANY CHILDREN?  YES  NO  IF YES, LIST THEIR BIRTH DATES AND WHAT CHILD CARE ARRANGEMENTS YOU HAVE MADE? \_\_\_\_\_

DO YOU HAVE A CAR?  YES  NO YEAR/ MAKE/ MODEL: \_\_\_\_\_

HOW FAR ARE YOU WILLING TO TRAVEL TO WORK? \_\_\_\_\_ MILES \_\_\_\_\_ MINUTES

DO YOU SMOKE?  YES  NO  NOT AT WORK

ARE OR HAVE YOU BEEN AN ILLEGAL USER OF DRUGS?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU AGREE TO BE DRUG TESTED AT THE REQUEST AND EXPENSE OF THE FAMILY?

YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

CAN YOU SWIM?  YES  NO

ARE YOU COMFORTABLE WITH A PARENT BEING IN THE HOME WHILE YOU WORK?

YES  NO

DO YOU HAVE INFANT EXPERIENCE?  YES  NO

DO YOU LIKE PETS?  YES  NO IF NO, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU HAVE ANY ALLERGIES?  YES  NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

DO YOU HAVE ANY CONDITION OR DISABILITY WHICH WOULD PREVENT YOU FROM FULFILLING THE DUTIES OF A NANNY?  YES  NO

IF YES PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU HAVE ANY DRIVING VIOLATIONS OR ACCIDENTS IN THE PAST 3 YEARS?

YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU AGREE TO PROVIDE THE FAMILY WITH A CERTIFIED COPY OF YOUR DRIVING RECORD PRIOR TO EMPLOYMENT WITH ANY CLIENT OF Me And My Nanna, LLC,  YES  NO

IF YOU ARE NOT CURRENTLY CERTIFIED FOR INFANT/ CHILD CPR, DO YOU AGREE TO OBTAIN CERTIFICATION?  YES  NO

HAVE YOU EVER BEEN RELEASED FROM EMPLOYMENT UNDER OTHER THAN VOLUNTARY CIRCUMSTANCES?  YES  NO

IF YES PLEASE EXPLAIN: \_\_\_\_\_

I AM WILLING TO DO THE FOLLOWING: (please check the appropriate items)

- PREPARE MEALS - FAMILY
- PREPARE MEALS – CHILD
- LAUNDRY - FAMILY
- LAUNDRY - CHILD
- IRONING
- CLEAN BATHROOM
- GROCERY SHOPPING
- CARE FOR ELDERLY
- CARE FOR PETS
- ERRANDS
- HOUSE SIT
- OTHER \_\_\_\_\_
- LIGHT VACUUM & DUSTING
- KEEP KITCHEN STRAIGHTENED
- HELP WITH HOMEWORK
- DRIVE CHILDREN TO ACTIVITY
- CARPOOLS

**EDUCATION**

WHAT IS THE HIGHTEST GRADE YOU COMPLETED? \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_

HIGH SCHOOL(included city and state) \_\_\_\_\_

HAVE YOU ATTENED COLLEGE?  YES  NO

COLLEGE: (include city and state) \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ COMPLETED:  AA/AS  BA/BS

ARE YOU CURRENTLY ATTENDING SCHOOL?  YES  NO

IF YES, ( include city and state) \_\_\_\_\_

WHAT IS YOUR CLASS SCHEDULE? \_\_\_\_\_

PLEASE EXPLAIN ANY ANTICIPATED CHANGES TO YOUR SCHEDULE: \_\_\_\_\_

<b>IDENTIFY OTHER EDUCATION, TRAINING</b>	<b>WHAT ARE YOUR HOBBIES/ INTEREST?</b>

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