

Legal Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dear Candidate,

**We are engaging in a background check with you, as requested by a private family.**

In this packet you will find employment history pages, background questions, and a PFC Background Check form.

**You are required to:**

- Fill out the employment history pages with a complete **10-year work history**
- Print out additional employment history pages if necessary
- Fill out the PFC background form with **all names used/places lived over the past 7 years**
- **Include a copy or photo of your current driver's license and US Work Authorization** (social security card, passport, or birth certificate)
- Return this paperwork to Stanford Park Nannies immediately upon completion

Please call our office if you have any questions about this paperwork; we can be reached at 650-462-4580.

Thank you!

Sincerely,

*The Team at Stanford Park Nannies*

713 Santa Cruz Avenue, Suite 1, Menlo Park, CA 94025

(650) 462-4580 phone – (650) 462-4585 fax

[www.spnannies.com](http://www.spnannies.com)

**NANNY / BABYSITTING POSITIONS – (Please provide a 10-year work history, listing most recent position first)**

1. Mother's *first & last* name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's *first & last* name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Home: ( ) \_\_\_\_\_ Mother Cell: ( ) \_\_\_\_\_ Father Cell: ( ) \_\_\_\_\_

Mother Email: \_\_\_\_\_ Father Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position: \_\_\_\_\_  
Month/Year Month/Year

Days Worked: \_\_\_\_\_ Hours Worked: \_\_\_\_\_ Salary \$ \_\_\_\_\_

How did you find this position? \_\_\_\_\_

**Names and ages** of children AT START: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Check if we **CANNOT** contact this employer. Reason: \_\_\_\_\_

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2. Mother's *first & last* name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's *first & last* name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Home: ( ) \_\_\_\_\_ Mother Cell: ( ) \_\_\_\_\_ Father Cell: ( ) \_\_\_\_\_

Mother Email: \_\_\_\_\_ Father Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position: \_\_\_\_\_  
Month/Year Month/Year

Days Worked: \_\_\_\_\_ Hours Worked: \_\_\_\_\_ Salary \$ \_\_\_\_\_

How did you find this position? \_\_\_\_\_

**Names and ages** of children AT START: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Check if we **CANNOT** contact this employer. Reason: \_\_\_\_\_

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3. Mother's *first & last* name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's *first & last* name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Home: ( ) \_\_\_\_\_ Mother Cell: ( ) \_\_\_\_\_ Father Cell: ( ) \_\_\_\_\_

Mother Email: \_\_\_\_\_ Father Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position: \_\_\_\_\_  
Month/Year Month/Year

Days Worked: \_\_\_\_\_ Hours Worked: \_\_\_\_\_ Salary \$ \_\_\_\_\_

How did you find this position? \_\_\_\_\_

**Names and ages** of children AT START: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Check if we **CANNOT** contact this employer. Reason: \_\_\_\_\_

**NON-NANNY/BABYSITTING POSITIONS** – (E.g. daycare, teaching, retail, etc. List most recent job first)

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Employer: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Month/Year                      Month/Year

Position Title: \_\_\_\_\_ Days Worked: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check if we **CANNOT** contact this employer. Reason: \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Month/Year                      Month/Year

Position Title: \_\_\_\_\_ Days Worked: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check if we **CANNOT** contact this employer. Reason: \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Month/Year                      Month/Year

Position Title: \_\_\_\_\_ Days Worked: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check if we **CANNOT** contact this employer. Reason: \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Month/Year                      Month/Year

Position Title: \_\_\_\_\_ Days Worked: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check if we **CANNOT** contact this employer. Reason: \_\_\_\_\_

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**Education:**

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| School              | Name/Location | Course of Study | Degree | Currently Enrolled? |
|---------------------|---------------|-----------------|--------|---------------------|
| High School         |               |                 |        |                     |
| Community College   |               |                 |        |                     |
| College/ University |               |                 |        |                     |
| Graduate School     |               |                 |        |                     |

Name used while attending undergrad/graduate school: \_\_\_\_\_

Are you registered with TrustLine? Yes  No  When? \_\_\_\_\_

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**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

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I certify that the information contained in this application is true, accurate, complete, and correct.

I authorize the investigation of all the information I provided in this application, including information regarding me and my character, unless I have indicated otherwise. I authorize the disclosure of all information about me, including but not limited to information obtained by, through or from any background check, consumer report, or investigative consumer report, to SPN and its affiliated entities, representatives, employees, agents, and clients, and their agents and representatives.

To the maximum extent allowed by law, I release SPN and its owners, agents, employees, officers, directors, attorneys, representatives, clients, and affiliated entities and persons from any and all liability as a result of soliciting, providing or receiving information regarding me or my character, or the use or disclosure of such information.

SPN does not unlawfully discriminate in referrals, placements, or employment, and no question on this application is used for the purpose of limiting or excluding any applicant for consideration for referral, placement or employment on any basis prohibited by applicable laws or regulations. I understand and agree that the information supplied on this application has been given for the purpose of evaluating my qualifications for referral by SPN for employment with SPN's clients. However, I understand and agree that SPN does not guarantee my referral, placement, employment or terms of employment.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Name (Signature)

\_\_\_\_\_  
Date

## AUTHORIZATION FOR RELEASE OF INFORMATION

To: Any registrar, dean, principal, or other authorized person or school (university, college, high school, vocational school, or other); any former employer; any law enforcement agency; any department or agency of a city, county, state or federal government; any person having knowledge of my conduct or activities; or any concerned credit bureau.

I hereby authorize PFC Information Services, or authorized representative bearing this release or copy thereof, and the requester listed below to conduct a background check including, but not limited to, educational records, workers' compensation records, court documents or other public records, driving records, criminal records, employment records, or credit reports. I authorize all persons who may have information relevant to this check to disclose this information to PFC Information Services, or its agent, and I hereby release all persons from liability on account of such disclosure. This release shall remain in effect for the future preparation of consumer reports, unless I revoke this authorization in writing and send a copy of the revocation to PFC Information Services, Inc. I hereby further authorize that a photocopy or fax of this authorization can be considered as valid as an original. Should there be any questions as to the validity of this release, I can be contacted as indicated below.

**THIS SECTION IS TO BE COMPLETED BY THE APPLICANT**

SIGNATURE OF APPLICANT \_\_\_\_\_ (Date)

NAME ON DRIVER'S LICENSE \_\_\_\_\_  
(First) (Middle) (Last)

PERMANENT ADDRESS \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

PLEASE TELL US ABOUT OTHER NAMES & ADDRESS USED DURING LAST 10 YEARS:

| City, State, Zip | Name Used | Dates |
|------------------|-----------|-------|
| _____            | _____     | _____ |
| _____            | _____     | _____ |
| _____            | _____     | _____ |
| _____            | _____     | _____ |

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Month/Day/Year)

DRIVER'S LICENSE (DL) # \_\_\_\_\_ DL ISSUING STATE \_\_\_\_\_

**Note:** Signature of applicant constitutes acknowledgement by the applicant that he/she is aware that an investigative report and/or consumer report may be ordered. The applicant may request a copy of the investigative and/or consumer report by checking the following box.

**Please NEATLY provide your email/ mailing address if a copy is desired:**

PFC Information Services, Inc. at 6114 La Salle Ave. #638, Oakland, CA 94611. Phone: 510.336.9761. Fax: 510.336.9791.

**THIS SECTION IS TO BE COMPLETED BY STANFORD PARK NANNIES**

REQUESTER \_\_\_\_\_ COMPANY \_\_\_\_\_ EMAIL \_\_\_\_\_

**PLEASE PRINT CLEARLY: APPLICANT'S Date of Birth, Social Security Number, and Driver's License #**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Date of Birth - Month/Day/Year) (SSN) (DMV #)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Criminal Records          | <input type="checkbox"/> National Sex Offender Registry                              | <input type="checkbox"/> True Hire Package   |
| <input type="checkbox"/> Federal Courts            | <input type="checkbox"/> Social Security Number Verification                         | <input type="checkbox"/> Credit Report   |
| <input type="checkbox"/> Civil Litigation Records  | <input type="checkbox"/> Driving Record  | <input type="checkbox"/> Drug Screen: <input type="checkbox"/> Hair <input type="checkbox"/> Urine |
| <input type="checkbox"/> National Wants & Warrants | <input type="checkbox"/> Civil Protective Orders                                     | <input type="checkbox"/> Educational Verification  |
| <input type="checkbox"/> National Criminal File    | <input type="checkbox"/> Educational Verification<br>(Attach Names of Schools/Dates) | (Attach Names of Schools/Dates)  |

**Name(s) for Criminal/Civil Checks (City/State)** \_\_\_\_\_  
\_\_\_\_\_

**Location(s) for Criminal/Civil Checks (City/State)** \_\_\_\_\_  
\_\_\_\_\_

**DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF A  
CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT**

In connection with your application for employment, please be advised that we may procure a consumer report (background check) as part of the process of considering your candidacy as an employee. We will request that PFC Information Services, Inc. prepare the background check. PFC Information Services Inc.'s address is 6114 La Salle Ave. # 638, Oakland, CA 94611. The phone number is 510.336.9761. Please also be advised that we may conduct a reference check. This reference check is also known as an investigative report.

The consumer/investigative report may include the following:

Verification of Social Security number; current and previous address; employment; credit history; education; character references; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records; workers' compensation records; court records; bankruptcies; liens and judgments; professional license; and any other public records.

The Fair Credit Reporting Act (FCRA) and the California Investigative Consumer Reporting Agencies Act (ICRA) give you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below you attest to the fact that you have authorized us to obtain a consumer report and/or investigative report about you in order to consider you for employment and that you have been given a summary of your rights under FCRA and ICRA.

**Name (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

| <b>FOR QUESTIONS OR CONCERNS REGARDING:</b>   | <b>PLEASE CONTACT:</b>   |
|---|--|
| CRAs, creditors and others not listed below   | Federal Trade Commission<br>Consumer Response Center - FCRA<br>Washington, DC 20580<br>1-877-382-4367 (Toll-Free)          |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)        | Office of the Comptroller of the Currency<br>Compliance Management, Mail Stop 6-6<br>Washington, DC 20219<br>800-613-6743  |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)                           | Federal Reserve Board<br>Division of Consumer & Community Affairs<br>Washington, DC 20551<br>202-452-3693                  |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision<br>Consumer Programs<br>Washington, DC 20552<br>800-842-6929                                  |
| Federal credit unions (words "Federal Credit Union" appear in institution's name)   | National Credit Union Administration<br>1775 Duke Street<br>Alexandria, VA 22314<br>703-518-6360                           |
| State-chartered banks that are not members of the Federal Reserve System  | Federal Deposit Insurance Corporation<br>Division of Compliance & Consumer Affairs<br>Washington, DC 20429<br>800-934-FDIC |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission                   | Department of Transportation<br>Office of Financial Management<br>Washington, DC 20590<br>202-366-1306                     |
| Activities subject to the Packers and Stockyards Act, 1921  | Department of Agriculture<br>Office of Deputy Administrator - GIPSA<br>Washington, DC 20250<br>202-720-7051                |

### **Your Rights Under the California Investigative Consumer Reporting Act**

Under the California ICRA and upon reasonable notice PFC Information Services, Inc. will make available information (including the identity of report recipients) maintained on you for your visual inspection during normal business hours, as follows:

- (1) In person, if you appear in person and furnish proper identification. A copy of your file can also be available to you. One other person of your choosing may accompany you. Such person must also furnish reasonable identification. PFC Information Services, Inc. will require you to furnish a written statement granting permission to PFC Information Services, Inc. to discuss your file in such person's presence.
- (2) By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee.
- (3) A summary of information on you (including the identity of recipients) will be provided by telephone, if you make a written request, with proper identification for telephone disclosure.

"Proper identification" includes documents such as a valid driver's license, social security card, military identification card, and credit cards. PFC Information Services, Inc. will provide trained personnel to explain to you any information in your file.

Mail your request to: PFC Information Services, Inc. 6114 La Salle Ave., #638 Oakland, CA 94611