



SCREENING SERVICES ORDER FORM

Screening Services are paid for in advance by credit card (MC or Visa). There are no refunds offered once charged. We will call you/email you when we receive this form to verify information. Please note that the applicant's signature is required for ALL screening requests. The Applicant Release Form completed and signed by the applicant must accompany this order.

Applicant's Name _____ DOB ____/____/____

Current Address _____ TEL# (____) ____ - _____

City/State _____ ZIP _____ SS# _____ - _____ - _____

APPLICANT INTERVIEW, CRIMINAL RECORD, DRIVING RECORD PACKAGE _____ \$450

Applicant Interview/Summary _____ \$325 Social Security # _____ \$30 Worker's Compensation _____ \$60
 (By phone or in Beverly, MA)

Credit _____ \$60 10 Panel Drug Screening _____ \$125 Education _____ \$35

CHILDCARE REFERENCE _____ \$50 each # References _____

Name	<u>Reference Information</u>			
	Phone Number			
1. _____	(____) _____ - _____		_____ Home	_____ Work
2. _____	(____) _____ - _____		_____ Home	_____ Work
3. _____	(____) _____ - _____		_____ Home	_____ Work

OTHER EMPLOYMENT VERIFICATION _____ \$60 each

<u>Employment Verification</u>			
Company Name	Date Left	Location (City/State)	Phone (if available)
_____	____/____/____	_____	(____) _____
_____	____/____/____	_____	(____) _____

CRIMINAL RECORDS _____ \$90 each # Jurisdictions _____

<u>Jurisdiction Information</u>	
1. City _____ State _____	2. City _____ State _____

DRIVING RECORDS CHECK _____ \$70 License # _____ What State _____

TOTAL COST \$ _____

Your Name _____

Your Address _____ City/State/Zip _____

Daytime Phone # (____) _____ - _____ Email _____

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