#### NANNY/CAREGIVER REFERENCE INVESTIGATION POLICIES AND STIPULATIONS

By your signature on the form requesting our nanny/caregiver reference investigation services, you agree that you have read, understand, and accept the following policies and stipulations.

**Legal Services:** Nanny/Caregiver reference Clinic and its parent L.D.A. Enterprises, Ltd. is not a law firm, nor do we employ attorneys. However, we will be available on a for-fee basis to provide certain services to you or to the attorney of your choice. These services may include written or in-person depositions or providing expert witness testimony. Fees for these services are listed under our optional services and support fees section.

### Time required for completion:

We cannot guarantee a specific time frame for the completion of your nanny/caregiver reference investigation. Most investigations can be completed and a report sent within 7 business days. However, since all references are obtained by direct phone conversation we cannot be responsible for those individuals who do not respond to our attempt at contact. The contact may be traveling, on vacation, or simply avoiding our phone calls. Therefore, we will ask you to provide at least one alternative contact, and guarantee that under any circumstances we will send your report by email or at your request first class U.S. mail as soon as it is available, or *at most within 2-weeks of the receipt of your prepaid order*. The report will contain the complete documentation of our reference checking efforts, or it will show that the contact(s) you provided were not available or non-responsive to our efforts to speak with them. In either case we will include, along with our report, a copy of your free "nanny/caregiver guide" as indicated on our nanny/caregiver reference verification web pages.

## **Statement of Confidentiality:**

All information provided by you or any member of your family will remain totally confidential. It is important to understand that your information is totally secure with us. L.D.A. Enterprises, Ltd. does not sell lists of clients or in any other way disseminate personal information provided by our clients to any third party or organization for any reason without your prior written consent.

## **Accuracy of Information:**

We do our very best to assure the accuracy of all information gained through our reference investigations. However, we are not responsible for any inaccurate, untruthful, or misleading information conveyed by the individuals providing references nor are we responsible for conducting criminal background investigations. Therefore, you agree that LDA Enterprises and it's Reference Clinic division is to be held harmless and incur no liability for damages done, theft committed, or any other adverse consequence resulting from a decision to hire any individual(s) based upon information contained in our reference investigation report. We do not either advocate or discourage the hiring of any individual. We are merely a conduit of information to assist you in reaching your best hiring decision.

### **Refund Policy:**

LDA Enterprises and its Reference Clinic division cannot be responsible for contacts that do not return our calls or repeated requests for information. You as the client have an obligation to furnish us with accurate contact information so that we can reach the individual(s) who will be providing the reference(s) for your nanny/caregiver applicant(s). Therefore, if the contact does not return our calls or attempts at contact after multiple attempts within two weeks, we will document our efforts and send your final report. Because we do guarantee to extend our maximum effort to satisfy you as a client, and since we are also providing you with services and information that goes beyond the actual reference check, our fees or any portion of them are non-refundable.

## NANNY/CAREGIVER REFERENCE VERIFICATION ORDER FORM

ReferenceClinic.com L.D.A. Enterprises, Ltd. Parkdale Plaza, 1660 South Hwy 100, Suite 500 St. Louis Park, MN 55416 Email: References@EmploymentClinic.com

Phone: (952) 697-3663 Fax: (952) 697-3667

Please fill out and submit one form for each individual reference you need verified.

<u>Nanny/Caregiver Reference Verification Order Form</u> All information you provide is considered completely confidential and will not be released to any third party or organization without your written consent.

Your Personal Informa	<u>ttion:</u>		
Name (Mr. or Ms.):			
Address:			
City:	State:	Zip Code:	
Home Phone:	Business Phone:	Fax:	
Email:			
Nanny/Caregiver candi	date's personal information:		
Name of the nanny/careg	giver candidate:		
Social Security or ID nur	mber of the nanny/caregiver candi	date (if available):	
	anny/caregiver candidate:		
City:	State:	Zip Code:	
Home Phone of the nann	y/caregiver candidate:		
Cell Phone of the nanny/	caregiver candidate:		
Referring Agency (only	if referred through an agency):		
Agency Name:			-
Address:		Agency Phone:	
City:	State:	Zip Code:	
Contact Name:	Contact Title		

# Please fill out the following BOLD highlighted information for each reference you wished checked

The nar	nny/caregiver candidate e	mployer contact information:		
Head of	f household or agency to o	contact for reference: Mr./Ms		<del></del>
Address	s:			
City: _		State:	Zip code:	
Work P	Phone:	Email address:		
Home P	Phone:			
If a Nar	nny candidate the number	of children cared for: Boys	Girls	<del></del>
If other	Caregiver, the name of t	he person cared for and their fan	nily relationship	
What w	vere the dates of the nann	y or caregiver's employment: fro	omto:	
Is he/sh	e still employed? If not, v	why did the nanny/caregiver leave	e his/her last employer?	
_	nent Statement:			<u> </u>
published its emplagency. by the ir Therefordone, the upon infinition information which return the receivable in the rec	ed on our Reference Check oyees or agents to contact of You agree that we are not adividuals providing refere re, you agree to release and eft committed, or any other formation contained in our tion and in most cases can der, you agree that The Reference esults can be provided. Ho	ing Policies and Stipulations webpering Policies and Stipulations webpering Policies and Stipulations webpering above named nanny or caregiver responsible for any inaccurate, untraces nor are we responsible for conflowed harmless The Reference Clinic adverse consequence resulting from the reference investigation report. Altoprovide a completed report within the provide a completed report within the provide and completed report within the rence Clinic cannot give any guarantees were under any circumstances were word further agree that fees paid are	age and authorize The Referer employment references and truthful, or misleading information and its employees or agent and its employees or agent om a decision to hire any indicational we do our best to prove 7 business days from the time antees regarding the exact time will complete our report will	ence Clinic and d/or referring nation conveyed d investigations. ts for damages (vidual(s) based vide timely e we receive ne frame in th 2-weeks of
	Order Inform	ation – please select your serv	vice:	
		reference investigation - \$179.95 gations are conducted at the same p	orice)	
	Two or more comprehensi	ve nanny reference investigations -	\$174.95 each	
	Quantity ordered	Total amount: \$		

• Unless otherwise requested, reports will be emailed to your provided email address and, **if requested**, a hardcopy will follow by 1<sup>st</sup> Class U.S. mail.

<u>Optional services and support fees (applies to all reference checking investigations).</u> Fees for other services appear on our Reference Clinic.com home page and include expert witness testimony and deposition charges.

The following charges are in addition to all fees quoted above. Please check applicable boxes.

- Reports sent by email and 1st class U.S. mail Included
- Faxed reports \$15.00 per report
- Reports by telephone not available
- Notarized affidavits sent by US mail \$15.00 per report
- Canadian reference investigation report \$15.00 per report
- Telephone depositions \$250 per hour (1-hour minimum)
- Expert witness testimony or in-person depositions \$1,850 per day, per person attending (one-day minimum) plus all applicable expenses.

Total cost of optional services (if any	y)	<u>\$</u>	
Total charges including optional so	ervices	<u>\$</u>	
Please check one: Visa Master	Card Americ	can Express Check	
Card number:		Expiration date:	_
	or (the 4 number	on the back of your <u>Visa or MasterCard</u> typic r code on the front of the <u>American Express</u>	
Cardholder's Name (exactly as it app	pears on the card):	:	
Billing address of the cardholder:			
City:	State:	Zip Code:	
Signature:		Date:	

You may pay check, Visa/MasterCard, or American Express. If you are paying by check, your check and authorization form (this form) should be signed and mailed to the address below. If paying by credit card, you may also email or fax the completed and signed forms to our secure fax line: (952) 697-3667, attention Edna Campbell.

L.D.A. Enterprises, Ltd. West End Plaza, 1660 South Highway 100, Suite 500 St. Louis Park, MN 55416

Attention: Edna Campbell

Email address: References@EmploymentClinic.com / Secure fax: (952) 697-3667