



410-284-8355

7036 Eastbrook Ave. Baltimore MD 21224 www.lovincarebaby.com

Application

SECTION I GENERAL INFORMATION

Date: _____

First Name _____ Last Name _____ MI _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Have you used any other names? If so, please state: _____

Are you legally eligible to work in the U.S.? YES NO

Emergency contact:

Name: _____ Phone: _____

SECTION II JOB INFORMATION

Date Available to Start: _____ Desired Compensation: _____

*Type of position you are seeking (check all that apply)

24 Hour Care Nights Only Days Only

Are you looking for: Full-time Part-time Temporary Permanent On-Call Summer

Live-Out Live-In Share Nanny Overnight Vacation Evenings Other

What days are you available for work? Monday Tuesday Wednesday Thursday Friday

Saturday Sunday

What hours do you prefer? Mornings Afternoons Days Evenings Nights

Overnights Anytime

Note: It is not necessary to indicate the need for absences due to religious practices or obligations.

Hourly range for part-time (gross): _____

If part-time what is your availability? _____

Are you willing to work occasional overnights? ___ YES ___ NO

Are you willing to work occasional weekends? ___ YES ___ NO

Are you willing to work occasional evenings? ___ YES ___ NO

Are you willing to travel with the family you work for? ___ YES ___ NO

Are you currently CPR certified? ___ YES ___ NO If yes, complete the following:

Infant: ___ Child: ___ Adult: ___ Expiration Date: _____ Name of certifying agency: _____

Do you have any time commitments or obligations that would affect your availability to work for family?

Geographic area you are willing to work: City and State

SECTION III EDUCATION INFORMATION

NAME AND LOCATION High School _____

Did you graduate? YES NO Year Graduated: _____

Name and Location College _____

Did you graduate? ___ YES ___ NO ___ Still attending

Major/minor _____

Vocational/Adult School _____

Certification and or License held: _____

Granting Authority

Effective dates

Expiration dates

* Are you a Registered Nurse (RN)? ___ YES ___ NO

* Are you a Licensed Practical Nurse (LPN)? ___ YES ___ NO

* Have you taken any Baby Nurse classes? ___ YES ___ NO

Do you speak any foreign language? ___ YES ___ NO If yes what language _____

Additional course work, seminars or training: _____

Professional Licenses or Certifications: _____

Clubs, organization, and professional memberships: _____

What can children you are caring for hope to benefit from your care? _____

SECTION IV EMPLOYMENT HISTORY/REFERENCES

Previous 4 employers/volunteer organizations – Most Recent First.

May we contact all of these entities? Yes / No, Do Not Call _____ Must be completely filled out including addresses.

1} Employer: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone No (H): _____ Phone No (W): _____

Position Held and duties: _____

Starting and Ending Dates of Employment/Volunteering: _____ Number of days worked _____

Full-time: ___ Part-time: ___ Last Compensation (if any): \$ _____ per Hour: ___ Week: ___

Ages of children at start of employment:
Newborn/Infant: _____ Toddler: _____ Preschool: _____ School: _____

Reason for leaving: _____

2} Employer: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone No (H): _____ Phone No (W): _____

Position Held and duties: _____

Starting and Ending Dates of Employment/Volunteering: _____

Full-time: ___ Part-time: ___ Last Compensation (if any): \$ _____ per Hour: ___ Week: ___

Ages of children at start of employment:

Newborn/Infant: _____ Toddler: _____ Preschool: _____ School: _____

Reason for leaving: _____

3} Employer: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone No (H): _____ Phone No (W): _____

Position Held and duties: _____

Starting and Ending Dates of Employment/Volunteering: _____

Full-time: ___ Part-time: ___ Last Compensation (if any): \$ _____ per Hour: ___ Week: ___

Ages of children at start of employment:

Newborn/Infant: _____ Toddler: _____ Preschool: _____ School: _____

Reason for leaving: _____

4} Employer: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone No (H): _____ Phone No (W): _____

Position Held and duties: _____

Starting and Ending Dates of Employment/Volunteering: _____

Full-time: ___ Part-time: ___ Last Compensation (if any): \$ _____ per Hour: ___ Week: ___

Ages of children at start of employment:

Newborn/Infant: _____ Toddler: _____ Preschool: _____ School: _____

Reason for leaving: _____

CHARACTER REFERENCES

List three personal references that you have known for at least three years. Do not include work references or relatives:

Name: _____ Address: _____

Phone: _____ Relationship and number of year's known: _____

Name: _____ Address: _____

Phone: _____ Relationship and number of year's known: _____

Name: _____ Address: _____

Phone: _____ Relationship and number of year's known: _____

Other information that would assist us in determining your qualifications for employment:

Have you ever been convicted of a felony? Yes No If yes, please explain _____

Please do not include any information about any arrest or detention that did not result in a conviction; any conviction where your record has been expunged, sealed or eradicated; any misdemeanor conviction where you have completed probation and the case has been dismissed; or any arrest where you have successfully completed a pretrial diversion program.

The existence of a criminal record is not an absolute bar to referrals, placements or employment.

Do you drive? YES NO Do you own or have access to a car? YES NO

Do you have a current and valid driver's license? Yes No What is your means of transportation to work?

Driver's license number _____ State _____ ExpirationDate _____

License Plate No: _____ State: _____ Make: _____

Model: _____ Year _____

Have you had any accidents or moving violations during the past three years? Yes No

Explain: _____

General

How long have you been working with children? _____

Why do you like working with children? _____

How many baby nurse cases have you done? _____

What were the lengths of time for most of your positions/cases? _____

Do you have any multiple experiences, Twins, Triplets? YES NO

Do you have much experience with first time parents? _____

If so, how did you help adjust the baby with its parents? _____

Did you ever keep a journal for the baby? YES NO

If not, will you keep a detailed journal if requested? _____

How comfortable are you giving us detailed reports about the baby and its day? _____

What did you find the most challenging or difficult working with first-time parents? _____

Entertaining the Baby

Do you read to the baby? YES NO

Do you talk to the baby? YES NO

Do you sing to the baby? YES NO

Do you hold the baby? YES NO

Do you believe in letting the baby cry? YES NO

If so, for how long? _____

When do you start tummy time? And for how long? _____

How old should the baby be before you start with a sleep schedule? _____

Breast Feeding

Do you have any experience with new mother's breastfeeding? YES NO

Do you have any experience with pumping and supplemental feedings? YES NO

Have you worked on cases where the basinet has been in the room with Mom and Dad? YES NO

How do you tell if the baby is latched on correctly? _____

Special Needs

Do you have any experience with Premie babies? YES NO

Do you know how much human milk or formula to feed a baby: YES NO

Do you have any experience with Monitors? YES NO

Do you have any experience with Colic? YES NO If yes, how long did the baby cry? _____

Do you have any experience with Sleep Apnea? YES NO

Do you have any experience with Reflux? YES NO What did you do for the baby? _____

Do you have any experience with Ear infections? YES NO

Do you have any experience with Allergies? YES NO

How do you know if the baby/toddler is allergic? _____

Before the Baby Comes

Do you have experience with Baby proofing? YES NO

Nursery Set Up? YES NO

Do you have a list of things you recommend for first time parents? YES NO

Do you have experience with newborns? YES NO How many cases of newborns: _____

Do you have experience with caring for newborn triplets? YES NO

Do you have experience with children with special needs? YES NO What type? _____

Do you have experience with sleep training? YES NO

Do you have experience with an Apnea monitor? YES NO

Are you willing to work in a home with pets? YES NO

Will you work in a home where there are firearms? YES NO

Have you ever worked in a home where there has been domestic violence? YES NO

Check the duties you are willing to do:

Run Errands Homework / Tutor Children Can you Swim with Children Yes No

Cooking Children Family

Laundry Children Family
 Cleaning Light Heavy
 Drive Children Own Car Family Car Manual Automatic
 Travel Weekend Extended
 Care for Pets Yes No Please list exceptions _____

Check all that apply:

<input type="checkbox"/> Infant Care (newborn – 6 mos.)	<input type="checkbox"/> Have Experience	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested	<input type="checkbox"/> Yrs of Exp. _____
<input type="checkbox"/> 6 mos. - 2 yrs.	<input type="checkbox"/> Have Experience	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested	<input type="checkbox"/> Yrs of Exp. _____
<input type="checkbox"/> 2 yrs. – 7 yrs.	<input type="checkbox"/> Have Experience	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested	<input type="checkbox"/> Yrs of Exp. _____
<input type="checkbox"/> 8 yrs. – 12 yrs.	<input type="checkbox"/> Have Experience	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested	<input type="checkbox"/> Yrs of Exp. _____
<input type="checkbox"/> 12 yrs. – over	<input type="checkbox"/> Have Experience	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested	<input type="checkbox"/> Yrs of Exp. _____
<input type="checkbox"/> Twins	<input type="checkbox"/> Have Experience	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested	<input type="checkbox"/> Yrs of Exp. _____
<input type="checkbox"/> Senior Care	<input type="checkbox"/> Have Experience	<input type="checkbox"/> Interested	<input type="checkbox"/> Not Interested	<input type="checkbox"/> Yrs of Exp. _____

Check all the items you have **EXPERIENCE** with and feel comfortable handling:

ADD ADHD Autism Asthma Blind Cerebral Palsy
 Hearing Impaired Medical Illness Physical Disabilities Emotional Disturbances
 Down Syndrome Multiple Disabilities Diabetes Other _____

Are you able to perform (with or without accommodation) the essential job functions of caring for a child or children? ___ Yes ___ No

Is there anything else we should know about you? Explain: _____

Are you working with other agencies? ___ YES ___ NO If yes, who? _____

How did you hear about Love ‘N Care, LLC? _____

Applicant Certification and Agreement

I certify that all information that I provided in this application is true, accurate, complete and correct. I authorize the investigation of all the information I provided in this application, unless I have indicated otherwise. I authorize the parties, entities and references I listed in this document to provide all information they may have regarding me and my character. I authorize the disclosure of all information about me, including but not limited to information obtained from the parties, entities and references I listed in this document, as well as information obtained by, through or from any background, employment and or criminal history checks, to Love ‘N Care, LLC (“Love ‘N Care”) and its affiliated entities, representatives, and clients. I understand and agree that any misrepresentation, falsification or material omission of information on this application may be grounds for Love ‘N Care to refuse to refer or place me.

I understand and agree that, in connection with the processing of this employment application, Love ‘N Care may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, driving record, and personal characteristics. Upon written request from me, Love ‘N Care will provide me with information concerning the nature and scope of any such report requested, as required by the Fair Credit Reporting Act.

I release Love ‘N Care 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.

I understand and agree that Love 'N Care does not unlawfully discriminate in referrals or placements, and that no question on this application is used for the purpose of limiting or excusing 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 employment with Love 'N Care's clients. However, I understand and agree that Love 'N Care does not guarantee my referral, placement, employment or terms of employment.

I understand and agree that I may not disclose any contact or other information about any client to whom Love 'N Care refers me; that I will use such information only in conjunction with Love 'N Care's placement and referral services; and that I will keep such information confidential to the maximum extent permitted by law.

I understand and agree that my work schedule and my method, manner and means of employment, and any other terms and conditions of my employment, will be determined by me and any Love 'N Care client that hires or otherwise engages my services. I understand and agree that Love 'N Care will not be responsible for my direction, supervision, control or compensation, and that Love 'N Care is not and will not be my employer or co-employer. Rather, I understand and agree that the client will be solely responsible for my direction, supervision, control and compensation, and that **the client will be my employer**. Accordingly, I understand and agree that I will be responsible for all employee related taxes, withholdings, obligations and requirements according to applicable law.

Disclaimer/Waiver/Hold Harmless/Limitation of Liability:

Love 'N Care assumes no liability or responsibility for, and makes no representations or warranties about, any information, material, errors, omissions, or services it provides. **I understand and agree that my use of Love 'N Care's services is at my own risk.** Except as specified herein, Love 'N Care does not provide and specifically disclaims any express or implied guarantees or warranties to me. Additionally, Love 'N Care does not employ or exercise control or discretion over clients and disclaims all responsibilities for clients' conduct or omissions.

By signing this document, I hereby waive and release Love 'N Care and its owners, agents, employees, officers, directors, attorneys, insureds, representatives and affiliated persons and entities from all liability, including but not limited to liability arising from negligence or the actions of any third party (including but not limited to clients, potential clients or referrals), arising under law or otherwise.

This document does not govern claims that cannot be released by private agreement or that cannot lawfully be waived. In addition, this document does not limit either party's right, where applicable, to file, cooperate with or participate in an investigative proceeding of any governmental entity, or to file charges that do not seek personal relief for released claims with any governmental entity.

Additionally, I shall indemnify, defend and hold Love 'N Care and its owners, agents, employees, officers, directors, attorneys, insureds, representatives and affiliated persons and entities harmless against any damages or liability whatsoever arising out of or in any way in connection with my referral to or employment or association with Love 'N Care's clients, regardless of how, when, or where any damages or liability was incurred.

Finally, in no event shall either party to this document be liable to another party to this document for consequential, incidental, exemplary, punitive, special or indirect damages of any kind. If any waiver, exclusion or limitation of damages is not permitted by law, the parties' liability to each other is limited to the maximum extent permitted by law.

Miscellaneous Provisions:

This agreement shall be governed by and interpreted according to the laws of the State of Maryland. Any action or proceeding commenced regarding this agreement shall be brought in Baltimore, Maryland.

The parties enter into this agreement without reliance upon any statement, representation, promise, inducement, or agreement not expressly contained herein. This agreement constitutes the entire agreement between Love 'N Care and me and supersedes all prior oral and written agreements between Love 'N Care and me with respect to the subjects covered in this agreement. This agreement shall not be amended or modified except in a mutually agreed upon writing signed by me and an authorized representative of Love 'N Care.

I represent that I have carefully read and fully understand the scope and effect of all of the provisions of this agreement; that I have had all such time that I desire to consider the agreement; that I had the opportunity to consult

with an attorney of my own choosing and at my own expense to review this agreement; and that I have availed myself of this opportunity to the extent, if any, that I wished to do so.

The terms of this agreement are severable. The invalidity or unenforceability of any provision within this agreement shall not affect the application of any other provision, provided that the essential terms and conditions of this agreement for each party remain valid, binding and enforceable. Further, consistent with the purposes of this agreement, any otherwise invalid provision of this agreement may be reformed and, as reformed, enforced by any party to this agreement.

This agreement may be executed in counterparts, each of which shall be deemed to be an original. Such counterparts, when taken together, shall constitute but one agreement.

Failure or delay on the part of either party to exercise any right, remedy, power or privilege under this agreement shall not operate as a waiver of any other right, remedy, power or privilege. A waiver, to be effective, must be in writing and must be signed by the party making the waiver. A written waiver of a default shall not operate as a waiver of any other default or of the same type of default on a future occasion.

Neither party shall assign or transfer this agreement or any interest herein without the prior written consent of the other party.

Applicant may not give out her home, cell phone number or email to client for any reason. This is a violation of company policy and procedures. If Applicant gives out her home or cell number to any client or clients' friends, said Applicant will pay agency \$2,000.00 in liquidated damages within (10) ten days.

Applicant may not make referrals to clients this includes, but not limited to friends and family members.

Childcare providers only: This applicant agrees to take a course in C.P.R. and First Aid within thirty (30) days of my employment. Proof of such certificate will be shown to my employer and copy will be sent to the agency.

THIS APPLICANT AGREES NOT TO START EMPLOYMENT OR RESIDENCY UNTIL THE EMPLOYER PAYS ALL FEES TO LOVE 'N CARE, LLC. THE AGENCY WILL INFORM THE APPLICANT WHEN EMPLOYMENT AND RESIDENCY MAY BE COMMENCED.

The rights and remedies provided in this agreement shall be the sole and exclusive rights of the parties against one another relating to the subject matter of this agreement.

The section captions contained in this agreement are for convenience only and do not constitute a part of its terms and provisions.

THE PARTIES TO THIS AGREEMENT HEREBY CERTIFY, REPRESENT AND WARRANT THAT THEY HAVE CAREFULLY READ THIS AGREEMENT, THAT THEY FULLY UNDERSTAND ITS FINAL AND BINDING EFFECT AND THAT THEY AGREE TO ALL ITS TERMS AND CONDITIONS.

Candidate

Love 'N Care, LLC

(Sign Name Here)

Lois Ecker, MS, IBCLC, CLE, CPD, CEIM

(Print Name Here)

Lois Ecker
Lois Ecker, MS, IBCLC, CLE, CPD, CEIM

Date: _____

Date: _____

**Consumer Report and Investigative
Consumer Report Disclosure and Authorization**

I understand and agree that for employment purposes and pursuant to applicable law, Love ‘N Care, LLC (“Love ‘N Care”) may seek a consumer report and or an investigative consumer report regarding information about me, including but not limited to my education, employment, credit worthiness, credit standing, character, general reputation, personal characteristics, mode of living, work habits, work performance, reasons for termination by past employers, and criminal conviction history. US Information Search will provide the report(s). I also agree to be finger printed and agree to pay for the finger printing. I authorize Love ‘N Care to conduct pre-employment inquiries and also to conduct other employment related inquiries after I receive a conditional offer of employment to the extent allowed by law. I understand and agree that I have the right to request additional disclosure of the nature and scope of the investigation requested, and that I will receive a written summary of my rights as a consumer. I understand and agree that all pre-employment screening activities are conducted in compliance with all applicable laws and regulations.

In light of these disclosures, to the maximum extent allowed by law, I hereby voluntarily and knowingly authorize any past or present employer, or other business, governmental agency, entity or individual contacted by Love ‘N Care to provide all records, documents or information they may have concerning my identity, education, employment history, credit worthiness, credit standing, character, general reputation, personal characteristics, mode of living, work habits, work performance, reasons for termination by past employers, criminal conviction history, or any other information, records or documents requested, and to provide full and complete disclosure to Love ‘N Care. I request that any law enforcement agency, institution, information service bureau, school, employer, personal reference, insurance company or any other entity or person contacted by Love ‘N Care or its representatives cooperate fully and completely in responding to these inquiries.

I further authorize the disclosure of all information, documents and records about me and my character, including but not limited to all information obtained from persons and entities, as well as information obtained by, through or from any background, employment and or criminal conviction history checks, to Love ‘N Care and its affiliated entities, representatives, and clients.

I voluntarily, knowingly and unconditionally release any named or unnamed person, informant, or entity from any right or claim of confidentiality and any liability resulting from the furnishing of information about me. I also release Love ‘N Care 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.

Signature

Date

Print Name