



Non-Placement Screening Request

Client Contact Information:

Full Name: _____	_____
Street Address: _____	City: _____
State: _____	Zip Code: _____
Home Phone #: _____	Cell #: _____
E-mail Address: _____	Fax #: _____

Candidate Contact Information:

Full Name: _____	_____
Street Address: _____	City: _____
State: _____	Zip Code: _____
Home Phone #: _____	Cell #: _____
E-mail Address: _____	Fax #: _____

Services:

Background Check: \$195 Y N	Personal Interview: \$160 Y N
Reference Checks: \$140 each (includes 3) Y N	Contract Kit: \$75 Y N
Complete Screening Package: \$450 Y N (Includes: 1 Background Check, 3 Reference Checks, 1 Personal Interview, 1 Contract Kit, 2 Temp Babysitter days)	

How did you hear about First Class Care, Inc.?

Internet Site: _____	Magazine: _____
Friend: _____	Hotel Concierge: _____
Newspaper: _____	Other: _____

Other Information:

*All services will be charged once First Class Care commences screening.

Signature _____	Date _____
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