

## Shelly's Nannies Inc. Authorization Form

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Fax: 416 440 – 1095

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I hereby authorize Shelly's Nannies Inc. to contact any previous employers, schools, colleges or other training facility to confirm all of the information listed on my application form is correct.

Application date: (D)\_\_\_\_\_ (M)\_\_\_\_\_ (Y)\_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: (D)\_\_\_\_\_ (M)\_\_\_\_\_ (Y)\_\_\_\_\_

Signature: \_\_\_\_\_