Able Nannies and Caregivers

Caregiver Application Form - Local Applicants

Date available:

Describe your availability (include hrs/week)





			Applicant	Informatio	on		
Name:		Surname:		Middle Intl.:	Middle Intl.:		
Address Unit:		Street:					
City: Province:		Postal Co		Postal Code:	ode:		
Phone #			Cell #				
Email:				I			
Po	sition and <i>l</i>	Availabil	ity		Eligibility		
Position applied for:			Are you	authorized to work in Canada?	Yes	No	
Desired salary:			Do you h	Do you have a working permit?			

Eligibility				
Are you authorized to work in	Yes	No		
Do you have a working permit	Yes	No		
Date Issued:	red:			
Have you completed a crimina check?	Yes	No		
If yes, when:				

Please include copies of your current immigration documents / work permits / passport if applicable

Education History						
High School	Name:					
Address:						
Years Attended: -		Did you graduate?	Yes	No	Degree:	
College	Name:					
Address:						
Years Attended: –		Did you graduate?	Yes	No	Degree:	
Other	Name:					
Address:						
Years Attended: -		Did you graduate?	Yes	No	Degree:	

Employment History							
Please include last ten (10) years of employment history							
Name of Employer:		Position:					
Address:			I				
Supervisor:			Phone #				
Email:			<u> </u>				
Start Date:	Start Date: End Date:			Salary:			
Reason For Leaving:	1						
Duties and Responsibilities:							
		May we o	ontact this employe	er for a reference?	Yes	No	
Name of Employer:			Position:				
Address:							
Supervisor:			Phone #				
Email:							
Start Date: End Date:			Salary:				
Reason For Leaving:							
Duties and Responsibilities:							
		May we c	ontact this employe	er for a reference?	Yes	No	
		may we c			100	140	
Descibe your typical work day:							
Describe your typical work day.							

Additional Space for employment history

Name of Employer:			Position:				
Address:							
Supervisor:		Phone #					
Email:							
Start Date:	End Date:			Salary:			
Reason For Leaving:							
Duties and Responsibilities:							
		May we c	ontact this employe	er for a reference?	Yes	No	
Name of Employer:			Position:				
Address:							
Supervisor:			Phone #				
Email:							
Start Date:	End Date:		Salary:				
Reason For Leaving:							
Duties and Responsibilities:							
May we			contact this employeer for a reference? Yes No				
Name of Employer:			Position:				
Address:							
Supervisor:			Phone #				
Email:							
Start Date: End Date:			Salary:				
Reason For Leaving:							
Duties and Responsibilities:							
May w			we contact this employeer for a reference? Yes No				

Certifications and Trades				
List any additional certifications or trades that may	be releveant to the position you have applied to:			
>				
>				
>				
>				
>				
>				
Abou	t Me			
In a few words, tell us about yourself. Include any hobbies, intere	sts, or interesting facts to know about you.			
Disclaimer a	nd Signature			
I certify that my answers are true and complete to t				
If this application leads to employment, I understand application may lead to termination of the position.	d that false or misleading information in my			
Signature	Date			