

Tel: 604 540 7453 Fax: 604 540 7459 ablenannies@telus.net

PLEASE COMPLETE EVERYTHING TO THE BEST OF YOUR ABILITY

| Revenue Canada Business Number: | | RP | | |
|---|------------------------------|-------|---------------|---------------|
| Date you obtained this number: | | | | |
| Name business number is registered a | s: | | |] |
| Have you previously applied to advertis | se on the National Job I | 3anl | < ? | |
| If you answered yes you will be asked | to add Able Nannies to | you | ır dashbo | ard. Please |
| contact Able Nannies for further instruc | | | | |
| Please include your PD7A Statement | of Account and a rece | nt h | ydro or g | as bill. You |
| are also required to now be a USER of | n the National Job Ban | k so | if you ha | ven't in the |
| past set up this account now is the t | ime to register yourse | If as | s a user. | Follow the |
| instructions for "Sign up now" https://er | nployer.jobbank.gc.ca/ | emp | loyer/das | <u>hboard</u> |
| | | | | |
| | | | | |
| Primary Employer's Name: | | | Age | |
| Address: | 5 | | | |
| City: | Postal Code: | | | |
| Phone # | | | | |
| Email: | | | | |
| O. Farada varia Nama | | | | |
| Co-Employer's Name: | | | Age:L_ | |
| Address: | D (10 1 | | | |
| City: | Postal Code: | | | |
| Phone # | | | | |
| Email: | | | | |
| | | | | |
| Caregiver's information: | | | | |
| Please include a copy of the caregivers | s nassnort | | | |
| Caregiver's Name | ρασσροιτ | | | |
| Address: | | | | |
| Email: | | | | |
| Phone # | | | | === |
| Date of birth: | Work permit expiry date: | | | |
| | i vvoik perinii expiry date. | | | |

For further details regarding the following questions, please feel free to speak with one of our agents or contact the Provincial Government:

| https://www2.gov.bc.ca/gov/content/employmentadvice/employment-standards/hiring/hire-tempo | | |
|--|---------------------|--|
| Have you hired a temporary foreign worker in the If yes, in which province did you hire the careginal Has the employer or any of its directors, partner formal insolvency proceeding? | ver? | ever been subject to a |
| Has the employer or any of its directors, partne non-compliance with any of the following? | rs or owners e | ever been found to be in |
| Occupational health and safety or worker's comper Employment standards legislation Immigration, Refugees, and Citizenship Canada (IF Canada Revenue Agency (CRA) Canadian Border Services Agency (CBSA) A securities or exchange regulator None of the above | - | |
| Do you currently employ a caregiver? If yes, what is the hourly wage being paid? Is this caregiver leaving your employment wher If yes why? Have you laid off any employees in this position Do you have Work Safe BC? If yes, | n in the last 12 | |
| Please describe the schedule the caregiver wil | l work: | |
| Childcare information: Please include the cl (If the position is for Elderly Care please pro | | |
| Tell us about your children, if you have children are under 18 years of age, please include them | | vho do not require care but |
| 1. Name: 2. Name: 3. Name: 4. Name: | Age: Age: Age: Age: | Date of birth: Date of birth: Date of birth: Date of birth: |
| Elderly Care: Please include proof of age. 1. Name: 2. Name: | Age: | Date of birth: |

| Address if different from employer's: | | | | |
|--|--|--|--|--|
| | | | | |
| Please give us details regarding the nature of care required: | | | | |
| | | | | |
| Location of employment: | | | | |
| Please list all household members who reside at the location of employment if not listed above: 1. Name: | | | | |
| Number of people living in employer's home: Number of people living in co-employer's home: | | | | |
| Total number of rooms at the location of employment (include bedrooms): Total number of bedrooms at the location of employment: | | | | |
| Accommodation of Caregiver: | | | | |
| The job can be offered to optional live in or live out. Will the caregiver live in or live out? Address if living out: | | | | |
| If the caregiver will be live in please give a brief description of the accommodation: | | | | |
| Dimensions of caregiver's room Length: Width: | | | | |

Able Nannies will post your advertising based on the information provided above, if you are thinking of moving locations within the next 6 months, please advise Able Nannies immediately as this affects the advertising.

AGREEMENT BETWEEN ABLE NANNIES AND CAREGIVERS LTD. And EMPLOYER

Inasmuch the EMPLOYER has requested that ABLE assist them with the processing of a LMIA to hire a Caregiver.

| ABLE'S complete fee for services to hire your caregiver is \$2000.00 includes posting of advertising on The Job Bank, and two other web regulations. (the two additional sites cost a fee which is included ab that any additional adds required will be at their expense. *Please n for 6 months from the date of initial posting, if you are unable to proand the advertising is required to be reposted there will be additional advertising. | o sites that comply with the current ove see note*) The employer is aware note the advertisements are only valid vide any of the supporting documents |
|--|--|
| In some cases when re hiring a temporary foreign worker there is a a job offer and additional fees would apply. Please ask your consult | |
| The fee is non-refundable and does not guarantee approval of the t Government has the right to change processing of the LMIA without for such changes. | |
| HRSDC also charges \$1000.00 processing fee payable to the Rece mentioned fee. If you earn less than \$150,000 or the care is for the from this additional fee. If you have children 13 years of age or olde regardless of your income. | Elderly or disabled, you are exempt |
| The employer understands that the Able Nannies representatives a consultants and therefore do not give immigration advice. We do no immigration processing. | |
| ABLE will do its best to ensure your caregiver commences employn ABLE cannot accept any responsibility for Government delays and t claim whatsoever against ABLE for a delay in commencement of er | herefore the EMPLOYER will have no |
| The EMPLOYER has read and clearly understands th acknowledges receipt of a copy | |
| Signed in, British Columbia thisda | ny ofin the year 20 |
| | |
| Abla Nannies Penresentativa | nnlover/Employer Representative |