

Able Nannies and Caregivers

Caregiver Application Form - Local Applicants



Date: _____

Applicant Information				
Name:		Surname:		Middle Intl.:
Address	Unit:	Street:		
City:		Province:	Postal Code:	
Phone #			Cell #	
Email:				

Position and Availability	
Position applied for:	
Desired salary:	
Date available:	
Describe your availability (include hrs/week)	

Eligibility		
Are you authorized to work in Canada?	Yes	No
Do you have a working permit?	Yes	No
Date Issued:	Date Expired:	
Have you completed a criminal record 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:					
Supervisor:		Phone #			
Email:					
Start Date:	End Date:	Salary:			
Reason For Leaving:					
Duties and Responsibilities:					
		May we contact this employer 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 employer for a reference?	Yes	No

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 contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer:		Position:	
Address:			
Supervisor:		Phone #	
Email:			
Start Date:	End Date:	Salary:	
Reason For Leaving:			
Duties and Responsibilities:			
		May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer:		Position:	
Address:			
Supervisor:		Phone #	
Email:			
Start Date:	End Date:	Salary:	
Reason For Leaving:			
Duties and Responsibilities:			
		May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certifications and Trades

List any additional certifications or trades that may be relevant to the position you have applied to:

>

>

>

>

>

>

About Me

In a few words, tell us about yourself. Include any hobbies, interests, or interesting facts to know about you.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application may lead to termination of the position.

Signature

Date