



Application Form

Canadian Live-in Caregiver Program

(Please print clearly or type in black ink)

1. Personal Information

Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>
Maiden	<input type="text"/>				
Citizenship	<input type="text"/>				
Date of Birth	<input type="text"/>				
Address	<input type="text"/>	City	<input type="text"/>		
State/Province	<input type="text"/>	Postal	<input type="text"/>	Country	<input type="text"/>
Home Phone	<input type="text"/>				
Work Phone	<input type="text"/>				
Mobile Phone	<input type="text"/>				
Email	<input type="text"/>				

2. Education (Please list the last two institutions you have attended)

Name of Institution	Month/Year Ended	Diploma/Degree/Certificate
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Employment History (Please list your last three employers, starting with the most recent one)

Employer Name, Address and Phone#	Position	Employed From (Month/Year)	Employed To (Month/Year)

4. General Information

What Languages do you speak?		Very Well	Average	A Little
	English			
	French			
	Other : _____			
Do you have Training in First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide copy of certificate			
Do you have Training in CPR?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide copy of certificate			
Do you swim?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how well?	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak <input type="checkbox"/> Afraid of Water		
Do you like pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?	<input type="checkbox"/> Occasionally <input type="checkbox"/> Regularly <input type="checkbox"/> Heavily		
Are you allergic to anything? (food, medication, plants, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:			



Person to be contacted in case of emergency?	Name
	Phone Number
	Relationship
	Address
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date and place issued:
	If you don't have a license, would you be willing to learn to drive in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have friends or relatives in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, where?
If you are selected, when will you be available to come to Canada?	
How long would you like to stay?	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> longer
Which age group would you prefer to work with?	<input type="checkbox"/> Babies <input type="checkbox"/> Toddlers (2-5) <input type="checkbox"/> Older Children <input type="checkbox"/> Elder
Which age group have you worked with in the past?	<input type="checkbox"/> Babies <input type="checkbox"/> Toddlers (2-5) <input type="checkbox"/> Older Children <input type="checkbox"/> Elder
As a caregiver, you will be required to perform some or all of the following duties with respect to the children/elder/disabled in the family. Please indicate your willingness to perform the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No Prepare Meals <input type="checkbox"/> Yes <input type="checkbox"/> No Cleaning <input type="checkbox"/> Yes <input type="checkbox"/> No Prepare Meals <input type="checkbox"/> Yes <input type="checkbox"/> No Feeding <input type="checkbox"/> Yes <input type="checkbox"/> No Bathing <input type="checkbox"/> Yes <input type="checkbox"/> No Dressing <input type="checkbox"/> Yes <input type="checkbox"/> No Make Beds <input type="checkbox"/> Yes <input type="checkbox"/> No Play and Read with Children <input type="checkbox"/> Yes <input type="checkbox"/> No Do Dishes <input type="checkbox"/> Yes <input type="checkbox"/> No Iron <input type="checkbox"/> Yes <input type="checkbox"/> No Vacuum
Have you ever been convicted, pled guilty to the violation of any federal, state, or other statute or ordinance constituting a felony or misdemeanor? (including convictions for driving under the influence, but excluding traffic violations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about our program?	
Referred by (Name of person)	

Please make sure that you have answered each of the above questions.

I certify, under penalty and perjury under the laws of the province of Ontario, Canada that all the information provided in connection with this application is true, correct and complete.

Signature of Applicant: _____

Date: _____