



Family Application Form

YOU'RE CONTACT INFORMATION:

Employer's First Name: _____ Last name: _____

Occupation: _____ Spouse's Name: _____

Street: _____ City: _____ Prov: _____ Postal code: _____

Phone Number (+Area code): _____ Fax Number: _____

Cell Number: _____ E-mail: _____

I wish to hire: Foreign Live-in Local Live-in Live-out

Position: Nanny Housekeeper Elderly care Disabled care

INFORMATION ON THE PERSONS IN NEED OF CARE:

	Name	Sex	Age	Special Needs
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____



Pet care: Yes No

Driver's license required from caregiver: Yes No

Escort to different locations required from caregiver: Yes No

Special skills required: _____

Do you prefer your caregiver to be: Male Female

Ideal candidate's age: 20-30 30-40 40-50

HOME INFORMATION:

Does anyone in your household smoke: Yes No

Number of bedrooms: _____

Number of bathrooms: _____

Will a car be available for caregiver's personal use: Yes No

Accommodations: Privet bathroom

Privet bedroom

Own TV

Cable

Own phone

Other _____

Location of home: Rural

Quiet residential

Busy residential

Main road

AVAILABILITY TO INTERVIEW CAREGIVERS:

My preference for interview time is:

11 am weekday

9 pm weekday

11 am Saturday

9 pm Saturday