Caregiver Application Form

Date:			
First Name:		Last Name:	
Full Address:			
Email:		SSN/SIN #	
Phone:		Work Permit:	
Position you are applying for:			
Do you have a First Aid/CPR certificate? [If YES, please attach copy of certificate to application]			☐YES ☐NO
Certification Registration #		Expiry Date [MM/YYYY]	

AVAILABILITY

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday			
Desired wage amount:	$	☐Hourly ☐Weekly ☐Monthly ☐Salary	
How many hours can you work weekly? ☐4-16 ☐16-26 ☐26-40		Can you work nights?	☐YES ☐NO
		Can you work weekends?	☐YES ☐NO
		Can you work holidays?	☐YES ☐NO

Type of employment desired:

☐FULL-TIME LIVE OUT ☐PART-TIME LIVE OUT ☐ LIVE IN FULL TIME ☐ ON CALL

What date are you available to start work? :	

NOTES:

WORK EXPERIENCE					
JOB 1					
Name of Business/Employer:			Job Title/Position:		
Employment Dates:	Start		End		
Phone/Email:			Location:		
Person to Contact			Position in Company		
Reason for Leaving Company:					
Cana representative from our company contact your most recent employer?			☐YES ☐NO		

WORK EXPERIENCE					
JOB 2					
Name of Business/Employer:			Job Title/Position:		
Employment Dates:	Start		End		
Phone/Email:			Location:		
Person to Contact			Position in Company		
Reason for Leaving Company:					
Cana representative from our company contact this previous employer?			☐YES ☐NO		

WORK EXPERIENCE					
JOB 3					
Name of Business/Employer:			Job Title/Position:		
Employment Dates:	Start		End		
Phone/Email:			Location:		
Person to Contact			Position in Company		
Reason for Leaving Company:					
Cana representative from our company contact this previous employer?			☐YES ☐NO		

TRANSPORTATION

Do you currently hold a driver's licence?			☐YES ☐NO
What is your current mode of transportation?			
Driver's License Number#			
Location where the licence was issued			
Licence Expiration Date			
Would you be willing to provide a driving record?			☐YES ☐NO
Any driving accidents in the past three years?	☐YES ☐NO	How many?	
If yes, please explain:			
Any driving violations in the past three 3 yrs.?	☐YES ☐NO	How many?	
If yes, please explain:			

COMMUNICATION		
Check the technology devices that you use:	☐Cell ☐Computer ☐Tablet	
Do you have a data plan on your mobile device?		☐YES ☐NO
Will you be willing to fill out a caregiver daily checklist after each visit?		☐YES ☐NO
Additional Notes:		

PERSONAL REFERENCE CONTACTS (Excluding family members)			
Reference 1			
Name:		Connection:	
Phone:		Email	
Have they been notified that they are a reference?			☐YES ☐NO
Reference 2			
Name:		Connection:	
Phone:		Email:	
Have they been notified that they are a reference?			☐YES ☐NO
Reference 2			
Name:		Connection:	
Phone:		Email:	
Have they been notified that they are a reference?			☐YES ☐NO

EDUCATION INFORMATION			
LEVEL OF EDUCATION	NAME OF SCHOOL	PROGRAM	COMPLETED
			☐YES ☐NO
			☐YES ☐NO
			☐YES ☐NO
			☐YES ☐NO
			☐YES ☐NO
			☐YES ☐NO
			☐YES ☐NO
			☐YES ☐NO

RECOGNITION(S) OR ACCOMPLISHMENT(S)	
LIST BELOW	DATE

CRIMINAL BACKGROUND	
Have you ever been charged with a criminal offence?	☐YES ☐NO
If so, please explain:	

PLEASE READ CAREFULLY			
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the employer permission to contact schools, previous employers (unless otherwise indicated), and references. This is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, or age. We assure you that your opportunity for this employment position depends solely on your qualifications.			
Signature of Applicant	**X**		
Full Name of Applicant		DATE	
Thank you for completing this application form and for your interest in our company			

Office Use Only:

Full name of authorized personnel	**X** **Signature of authorized personnel**
Position title of authorized personnel	**Date:**

ADDITIONAL EMPLOYER NOTES: