



Dedicated • Reliable • Experienced

**JM Homecare Agency** *Inc.*

## NANNY OR CARGIVER APPLICATION

Please be informed that this application should be true and accurate, JM Homecare Agency Inc. is not affiliated with any government agency. Our sole purpose is to match you with the right employer, so that your employment in Canada will be a positive and enjoyable experience for both you and your employer/s. All information provided will be kept confidential. If you have any questions, we will be happy to assist you. You can contact us by phone or e-mail.

**PLEASE SEND APPLICATION TO:**  
**34A – 2755 Lougheed Hwy, Suite 612**  
**Port Coquitlam, B.C. V3B 5Y9**

Please ensure you have all documents prepared following this checklist	FOR OFFICE USE ONLY	
<b><u>INTERNATIONAL APPLICANT ONLY</u></b>	<b><u>COMMENTS</u></b>	
<input type="checkbox"/> A copy of your Passport <input type="checkbox"/> 2 Photos– 1 passport size & 1 Full body length photo. <input type="checkbox"/> Security Clearance letter/s – All countries you have worked in. <input type="checkbox"/> A letter of self- introduction to the potential employer.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b><u>APPLICANT WITH EXISTING WORK PERMIT</u></b>		
<input type="checkbox"/> A copy of your Passport <input type="checkbox"/> Valid Work Permit <input type="checkbox"/> SIN Card	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b><u>LOCAL APPLICANT</u></b>		
<input type="checkbox"/> SIN Card <input type="checkbox"/> Picture ID (Applicable to local applicants only)	<input type="checkbox"/> <input type="checkbox"/>	
<b><u>ADDITIONAL SUPPORTING DOCUMENTS FOR ALL APPLICANTS</u></b>		
<input type="checkbox"/> Minimum of BC Grade 12 (or equivalency, certificate, transcript, diploma, any educational document)	<input type="checkbox"/>	
<input type="checkbox"/> Resident Care-Aide Certification (if applicable)	<input type="checkbox"/>	
<input type="checkbox"/> CPR / First Aid Certification	<input type="checkbox"/>	
<input type="checkbox"/> 2 Letters of References	<input type="checkbox"/>	
<input type="checkbox"/> Driver's License (if applicable)	<input type="checkbox"/>	
<input type="checkbox"/> Completed Get-to-know-you Questionnaire	<input type="checkbox"/>	

Where did you hear of us?     Internet     Referral     Advertisement     Word of Mouth     Phone Book / Yellow Pages

I, \_\_\_\_\_ hereby confirm all the information is correct to the best of my knowledge. I agree to provide a true and honest description in the application so that I may be matched with a family that is well suited to my personality and background.

Signature

Date

\_\_\_\_\_

\_\_\_\_\_



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**NANNY OR CARGIVER APPLICATION**

**SECTION 1 POSITION(S) APPLY** *(Please check appropriately)*

<b>NANNY</b>	<b>HOME CARE-AIDE</b>	<b>For Office Use only</b>
<input type="checkbox"/> Live-In <input type="checkbox"/> Live-Out (Full-time) <input type="checkbox"/> Live-Out (Part-time)	<input type="checkbox"/> Live-In <input type="checkbox"/> Live-Out (Full-time) <input type="checkbox"/> Live-Out (Part-time)	ID # _____ Date processed _____ Interviewed by _____

**SECTION 2 PERSONAL INFORMATION** *(Please Print)*

APPLICANT'S NAME (Last, First and Middle)		BIRTH DATE (DD / MMM / YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
RESIDENTIAL ADDRESS			
CITY/TOWN	PROVINCE / STATE	POSTAL / ZIP CODE	COUNTRY
MAIN CONTACT NUMBER ( )	OTHER CONTACT NUMBER ( )	EMAIL ADDRESS	
MAILING ADDRESS (If different from above)			
CITY/TOWN	PROVINCE / STATE	POSTAL / ZIP CODE	COUNTRY
CONTACT NUMBER ( )	OTHER CONTACT NUMBER ( )	SECONDARY EMAIL ADDRESS	
PLACE OF BIRTH	NATIONALITY	MARITAL STATUS <i>(Single / Married / Divorce / Separated)</i>	
PASSPORT NUMBER <small>(Required for International applicants)</small>	SIN CARD <small>(Required for Local applicants)</small>	HOW MANY CHILDREN DO YOU HAVE?	
IN CASE OF EMERGENCY <i>(Please provide two contacts)</i>			
NAME _____		RELATIONSHIP _____	PHONE NUMBER ( ) _____
NAME _____		RELATIONSHIP _____	PHONE NUMBER ( ) _____
<b>ELIGIBILITY TO WORK</b>			
ARE YOU ELIGIBLE TO WORK IN CANADA?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, DO YOU HOLD THE FOLLOWING:		<input type="checkbox"/> Canadian Citizenship <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Work Permit	
IF NO, I WILL BE APPLYING A WORK PERMIT*		<input type="checkbox"/> On my own <input type="checkbox"/> Through the agency	
*It is the employee's responsibility to ensure their work permits are valid prior to commencing any assignment. Please check with agency, if unsure.			
Do you have any prior/current substance abuse issues (i.e. alcohol/drugs)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____			
Have you ever been arrested or been in trouble with the law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____			

**SECTION 3 PERSONAL QUESTIONNAIRES** *(Please check appropriately)*

MEDICAL CONDITION (if any)	
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, can you smoke outside the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you taking any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify _____	
Do you have any medical conditions / allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify _____	
EDUCATION	
What is your highest level of education?	<input type="checkbox"/> University <input type="checkbox"/> College / Vocational College <input type="checkbox"/> High School <input type="checkbox"/> Junior High School
Name of Institution _____	
Degree / Certification* _____	
Year Completed _____	Country _____
Other levels of education completed?	<input type="checkbox"/> University <input type="checkbox"/> College / Vocational College <input type="checkbox"/> High School <input type="checkbox"/> Junior High School
Name of Institution _____	
Degree / Certification* _____	
Year Completed _____	Country _____
<small>*Proof of certification is required</small>	
FIRST AID TRAINING	
Are you CPR Certified*?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify your level/s _____
Would you need to be CPR certified / re-certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency First Aid Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state expiry date _____
<small>*All of our applicants are required to be CPR and First Aid Certified. Proof of certification required. Training can be provided (some fees applies).</small>	
LANGUAGE SKILLS	
Do you speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how would you rate your English speaking skills?	<input type="checkbox"/> Strong <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Do you read and write English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how would you rate your English reading skills?	<input type="checkbox"/> Strong <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Do you speak other languages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify _____	
DRIVING SKILLS	
Do you have a valid BC Driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have your own vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you licensed to drive elsewhere internationally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify country _____	
RELIGION	
Does your religion prohibit you from working Saturdays or Sundays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details _____	Religion (Optional) _____

**SECTION 4 WORK EXPERIENCES** *(Please check appropriately)*

ELDERLY CARE	
Do you have Elderly Care experience? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
If yes, please specify medical conditions (if any) _____	
Total Years of Experience	<input type="checkbox"/> 0 – 3 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> 10 – 20 years <input type="checkbox"/> Over 20 years
Do you have Resident Care Aide Training (or equivalent)*?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Proof of certification required	
SPECIAL NEEDS CARE	
Do you have special needs care experience? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
If yes, please specify medical conditions (if any) _____	
Total Years of Experience	<input type="checkbox"/> 0 – 3 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> 10 – 20 years <input type="checkbox"/> Over 20 years
Do you have Resident Care Aide Training (or equivalent)*?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Proof of certification required	
CHILD CARE	
Do you have child care experience (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Total Years of Child Care Experience	<input type="checkbox"/> 0 – 3 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> 10 – 20 years <input type="checkbox"/> Over 20 years
Which age group do you have most experience in?	<input type="checkbox"/> 0 – 3 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 5 – 12 years <input type="checkbox"/> Over 12 years
Indicate most number of children you have taken care in a period of time?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> More than 4
Have you taken care of twins or triplets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which age group?	<input type="checkbox"/> 0 – 3 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 5 – 12 years <input type="checkbox"/> Over 12 years
Are you prepared to travel with the family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to swim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is your proficiency level?	<input type="checkbox"/> Strong <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
DOMESTIC SKILLS	
Do you cook? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
If yes, how would you rate your cooking skills?	<input type="checkbox"/> Strong <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
What types of food can you cook? Please provide details _____	
Do you do housekeeping? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
If yes, how would you rate your housekeeping skills?	<input type="checkbox"/> Strong <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Do you do laundry? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
If yes, how would you rate your laundry skills?	<input type="checkbox"/> Strong <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Are you willing to care for pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pet allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify _____	

**SECTION 5 WORK HISTORY** (Starting with **MOST** recent, list 3 work history including overseas employment)

NAME OF EMPLOYER			CONTACT NUMBER ( )		
ADDRESS			<input type="checkbox"/> Live-in <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-Call / Temp		
CITY	PROVINCE / STATE	COUNTRY			
JOB TITLE		PERIOD OF EMPLOYMENT FROM                      TO		SALARY	
REASON FOR LEAVING		NUMBER OF CHILDREN CARED FOR (If applicable)		AGES CARED FOR (If applicable)	
DUTIES AND RESPONSIBILITIES					
NAME OF EMPLOYER			CONTACT NUMBER ( )		
ADDRESS			<input type="checkbox"/> Live-in <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-Call / Temp		
CITY	PROVINCE / STATE	COUNTRY			
JOB TITLE		PERIOD OF EMPLOYMENT FROM                      TO		SALARY	
REASON FOR LEAVING		NUMBER OF CHILDREN CARED FOR (If applicable)		AGES CARED FOR (If applicable)	
DUTIES AND RESPONSIBILITIES					
NAME OF EMPLOYER			CONTACT NUMBER ( )		
ADDRESS			<input type="checkbox"/> Live-in <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-Call / Temp		
CITY	PROVINCE / STATE	COUNTRY			
JOB TITLE		PERIOD OF EMPLOYMENT FROM                      TO		SALARY	
REASON FOR LEAVING		NUMBER OF CHILDREN CARED FOR (If applicable)		AGES CARED FOR (If applicable)	
DUTIES AND RESPONSIBILITIES					

Thank you for taking the time to fill in our application. We will contact you shortly.

I agree that the information provided herein is accurate and true. I hereby grant JM Homecare Agency Inc. permission to conduct reference and security checks for the purpose of processing this application. Falsification of information will be grounds for disqualification of the application.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## GETTING-TO-KNOW-YOU QUESTIONNAIRE (Page 1 of 2)

Name	ID No.
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To help us place you with the most suitable employer, please fill in this portion of the questionnaire.

1. Describe your personality.

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2. What are your hobbies? How do you like to spend your spare time?

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3. Are you an indoor or outdoor person? What indoor/outdoor activities do you enjoy most?

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4. What are your goals in life? What plans do you have for the future?

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5. What are your strengths?

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6. What are your weaknesses? How can you improve on your weaknesses?

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7. Do you enjoy working with people? Do you prefer working with children or the elderly?

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8. Do you prefer working with men, women or no preference?

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9. What would be an ideal family for you to work with?

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10. What is the most important issue for you in choosing a job?

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11. What do you like most in a person? (Personality)

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12. What do you like least in a person? (Personality)

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## GETTING-TO-KNOW-YOU QUESTIONNAIRE (Page 2 of 2)

Name	ID No.
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13. What are your methods of discipline for young children? (if applicable)

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14. How do you deal with stress?

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15. What was the most challenging situation you have faced in a job and explain how you handled it.

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16. Describe the worst working experience you ever had and explain how you dealt with it.

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17. If you encountered a problem or conflict at work, how did you resolve it?

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18. Describe a typical day at the household you are working for or have worked for:

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19. Are there any specific requests you have, may or need from your employer?

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20. Do you have any dietary restrictions?

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21. What are your intentions for coming to Canada? (if applicable)

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22. State the cities / provinces you most prefer to work in.

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23. Are you willing to work anywhere else in Canada? If so, state city/provinces.

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24. If you are selected, how long do you intend to work as a Nanny / Care-Aide?

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