



## NANNY OR HOME CARE-AIDE APPLICATION (TO HIRE)

### SECTION 1 TO HIRE *(CHECK all appropriately)*

<p align="center"><b>NANNY</b></p> <input type="checkbox"/> Live-In (International) <input type="checkbox"/> Live-In (Local) <input type="checkbox"/> Live-Out (Full-time) <input type="checkbox"/> Live-Out (Part-time)	<p align="center"><b>HOME CARE-AIDE</b></p> <input type="checkbox"/> Live-In (International) <input type="checkbox"/> Live-In (Local) <input type="checkbox"/> Live-Out (Full-time) <input type="checkbox"/> Live-Out (Part-time)	<b>For Office Use only</b>
<b>GENDER PREFERENCE</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference		<b>Date Processed</b> _____ <b>Name of Suitable Candidate</b> _____ _____
<b>HOW SOON DO YOU NEED HELP?</b> _____		<b>Date of Commencement</b> _____ <b>Referred by</b> _____

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

<b>MAIN CONTACT NAME (Last, First)</b> _____			<b>SALUTATION</b> <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	
<b>OCCUPATION</b> _____		<b>COMPANY</b> _____		
<b>ADDRESS</b> _____				
<b>CITY/TOWN</b> _____	<b>PROVINCE / STATE</b> _____	<b>POSTAL / ZIP CODE</b> _____	<b>COUNTRY</b> _____	
<b>MAIN CONTACT NUMBER</b> (    )	<b>WORK NUMBER</b> (    )	<b>CELL NUMBER</b> (    )		
<b>EMAIL ADDRESS</b> _____				
<b>SECONDARY CONTACT NAME (Last, First)</b> _____			<b>SALUTATION</b> <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	
<b>OCCUPATION</b> _____		<b>COMPANY</b> _____		
<b>SECONDARY CONTACT NUMBER</b> (    )	<b>WORK NUMBER</b> (    )	<b>CELL NUMBER</b> (    )		
<b>HOME ENVIRONMENT</b>				
<b>Approx. square Ft. of Home</b> _____ <b>Total No. of Bedrooms</b> _____ <b>Total No. of Living and Dining Rooms</b> _____ <b>Total No. of Persons in Household</b> _____ <b>Do you have any pets?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please specify _____ <b>Is there any smoking in the household?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please specify location _____				
<b>IN CASE OF EMERGENCY</b>				
<b>NAME OF DOCTOR</b> _____				
<b>ADDRESS</b> _____			<b>Phone No.</b> _____	
<b>NAME OF CONTACT (LOCAL)</b> _____			<b>RELATIONSHIP</b> _____	
<b>PHONE NUMBER (    )</b> _____		<b>EMAIL ADDRESS</b> _____		

## SECTION 3 WORK SPECIFICATIONS

### SPECIAL NEEDS AND / OR ELDERLY CARE (if applicable)

Is Elderly Care required?  Yes  No  Not Applicable

If yes, please specify medical conditions (if any) \_\_\_\_\_

Is there any special needs individual(s)?  Yes  No  Not Applicable

If yes, please specify medical conditions (if any) \_\_\_\_\_

\*Our Home Care-Aides have all been Resident Care-Aide trained and CPR/First-Aid Certified

### Child Care (if applicable)

How many children do you have in the household? \_\_\_\_\_ Are they twins or triplets?  Yes  No

What age group are they in?  0 – 3 years  3 – 5 years  5 – 12 years  Over 12 years

Do they have any food allergies?  Yes  No If yes, please specify \_\_\_\_\_

Do they require any special needs or diets?  Yes  No If yes, please specify \_\_\_\_\_

### DOMESTIC (if applicable)

Is cooking required?  Yes  No  Not Applicable Preferred type of food \_\_\_\_\_

Is housekeeping required?  Yes  No  Not Applicable

Is laundry required?  Yes  No  Not Applicable

Will there be care for household pets?  Yes  No  Not Applicable

### FIRST AID TRAINING

Do you require the employee to be CPR and First Aid Certified\*?  Yes  No  Not Applicable  
\*All of our applicants are / will be CPR and First Aid Certified before commencing any work.

### LANGUAGE

Would you prefer if he/she able to speak any other languages?  Yes  No If yes, please specify \_\_\_\_\_

### DRIVING

Would you require the employee to drive and hold a Driver's license?  Yes  No

### SWIMMING

Would you require the employee to know how to swim?  Yes  No  Not Applicable

### TRAVELLING

Will there be any travelling required?  Yes  No If yes, please specify location \_\_\_\_\_

### ROOM AND BOARDING

Are you able to provide a private bedroom?  Yes  No If yes, it is furnish with \_\_\_\_\_

If no, shared accommodation?  Yes  No If yes, please specify \_\_\_\_\_

## SECTION 4 DETAIL ON CARED INDIVIDUAL(S)

List Names	Date of Birth	Gender	Please specify any medical conditions, special needs or specific allergies

## SECTION 5 APPROXIMATE WORK LOAD PER DAY

	Priority – Rank accordingly 1 = highest priority, 2 = next higher. 0 = not applicable	Approximate Percentage of work in a day
Child Care		
Care for Elderly		
Care for Special Needs		
Housekeeping		
Cooking		
Laundry		
Grocery Shopping		

## SECTION 6 PROPOSE WORK SCHEDULE (Optional)

Time / Day From / To	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours / Week

Employers are required to provide two days off in a 40 hours work week, also which includes statutory holidays. If over time are required, employers are to pay overtime or make alternative arrangements with employees which have to be accordance with the Employment standard. If you have any questions, please feel free to ask us.

Have you filled in 'The Right Match' Questionnaire at the end of this employer application?  Yes  No

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

I hereby grant JM Homecare Agency Inc. permission to use the above information for the sole purpose of seeking an appropriate employee on my behalf. JM Homecare Agency Inc. will do its best to match you with a suitable employee. All information provided is kept private and confidential.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for taking the time to fill in the application. You will be hearing from us shortly.**



**JM Homecare Agency Inc.**  
Dedicated • Reliable • Experienced

## THE RIGHT MATCH - QUESTIONNAIRE

<b>Name</b>	<b>Telephone No.</b>
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To assist us with your match for a well-suited caregiver, please fill in this portion of questionnaire.

1. What do you look for in a caregiver? What is the most important thing in a caregiver that you look for?

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2. What you least like in a caregiver?

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3. Do you have any additional requirement in your search for a caregiver? (i.e. Have to be a nurse, teacher, 3 years experience at least, etc. Anything that can help us narrow down the search.)

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4. What is your disciplinary system for your children? (if applicable)

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5. Would you allow your Nanny to enforce any reasonable disciplinary system on your behalf while you are away?

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6. What kind of working hours do you and your spouse / partner have?

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**\*\* Please understand that any information or request that can help us in search of a good caregiver for you and/or your family often depends largely on how much we know about your needs and the needs of the individual/s that they are caring for. Please do not hesitate to be very specific about what you like and don't like in a caregiver.**