



Caregiver Application Form

Thank you for your interest in Helping Hands & Heart. Please PRINT the following questions from pages 1-3.
Note: a Criminal Record Check will be carried out and illegal drug tests may be carried out on all successful candidates.

PERSONAL INFORMATION

Name: First: _____ Middle: _____ Last: _____

Address: Street: _____ City: _____ BC, Post Code: _____

Phone: Home: _____ Cell: _____ E-mail: _____

Emergency Contact: _____ Home: _____ Cell: _____

Social Insurance No: _____ Are you legally allowed to work in Canada? _____ Are you over 18 years old? _____

Please list any other languages you can speak: _____ Conversational Fluent

Have you ever been convicted of a crime: Yes No If yes, please specify the nature of the offense and the year convicted (this will not necessarily result in denial of employment): _____

Do you have any pre-existing conditions or physical problems that may prevent you from assisting a client? Yes No

If yes, please provide details: _____

Position applied for: _____ Required Salary Range: _____

AVAILABILITY

Full Time: Part Time: Full or Part Time: If Part Time, how many hours can you work: _____

Are you available on weekends: Yes No Some Are you available to work nights: Yes No Some

Please indicate the times you are available to work for each day: Anytime (if ticked you do not have to fill out each day below)

Monday: From-To _____ Tuesday: From-To _____ Wednesday: From-To _____

Thursday: From-To _____ Friday: From-To _____ Saturday: From-To _____

Sunday: From-To _____

DRIVING INFORMATION

Do you have a car? Yes No Do you have insurance? Yes No Do you have a driver's license? Yes No

Do you have Business Insurance and 3rd Party Liability coverage (min. \$3 million) Yes No

Drivers license Number: _____ Expiry Date: _____ Province Issued: _____

EDUCATION

Name of School/College/Other	City, Province, Country	Years Attended	Major/Degree
School: _____	_____	_____	_____
College: _____	_____	_____	_____
Other: _____	_____	_____	_____



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WORK EXPERIENCE (most recent job first)

#1. Name & Address of Employer: _____

Dates worked: Mth/Yr _____ Position: _____ Salary: _____

Name of Reference: _____ Position: _____ Phone: _____

List duties: _____

Reason for Leaving: _____

If you are still currently employed at this position may we contact them for a reference? Yes No

#2. Name & Address of Employer: _____

Dates worked: Mth/Yr _____ Position: _____ Salary: _____

Name of Reference: _____ Position: _____ Phone: _____

List duties: _____

Reason for Leaving: _____

#3. Name & Address of Employer: _____

Dates worked: Mth/Yr _____ Position: _____ Salary: _____

Name of Reference: _____ Position: _____ Phone: _____

List duties: _____

Reason for Leaving: _____

PERSONAL REFERENCE

Please list TWO personal references. Do NOT list relatives.

#1. Name: _____ **Telephone #: (between 9am – 5pm):** _____

Friend Teacher Co-worker Pastor Current Client Former Client Other _____

#2. Name: _____ **Telephone #: (between 9am – 5pm):** _____

Friend Teacher Co-worker Pastor Current Client Former Client Other _____



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CERTIFICATION

Please tick any of the following certifications that you have passed:

- Registered Nurse
- Nursing Assistant
- Licensed Practical Nurse
- Home Care Assistant (RCA)

List country of origin for above courses: _____ CPR Certificate First Aid Certificate - level _____

Do you have your own Workers Compensation coverage? Yes No

OTHER INFORMATION

What do you like to do in your spare time (interests/hobbies): _____

Please list any volunteer work you have been involved with: _____

Please use the space below to list any other additional information that you think would be relevant to this application. Please include any care giving experience you have carried out for your parents, spouse, children or friends.

How did you hear about us? _____

I CERTIFY THAT ALL ANSWERS GIVEN BY ME IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE. 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 prior notice. I hereby give Helping Hands & Heart permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Helping Hands & Heart from any liability as a result of such contact.

In exchange for consideration of my job application, I understand that, due to the nature of the position, Helping Hands & Heart will apply for a criminal record check and may also request random drug and alcohol testing.

Name (please print): _____

Signature of applicant: _____ Date: _____

Thank you for your interest in Helping Hands & Heart and for completing this application form.