

Global Nannies & Caregivers Agency Ltd.

Caregiver Placement in Canada Since 1998

Members of Better Business Bureau since 1999

A company that cares for your future

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| Suite 326 - 3000 Riverbend Drive Coquitlam, B.C, Canada, V3C 6R1 | Suite 202 - 304 Columbia Street New Westminster, B.C, Canada, V3L 1A6 | Suite 112 - 1151 Mt. Seymour Road North Vancouver, B.C, Canada, V7H 2Y4 |
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Tel: 1- 604- 464- 5707 E-mail: info@GlobalNanniesAgency.com Fax: 1- 866- 869- 8960 www.GlobalNanniesAgency.com



Employer Application for Home Support Care/Nurse



A. Family Information:

1. Primary Employer Information:

| | | | | | |
|------------------------------|--|--------------------------------|--|-------------------------|--|
| First name: | | Middle Name or Initial: | | Last Name: | |
| Street Name & No.: | | City: | | Postal Code & Province: | |
| Home phone: | | Work Phone No.: | | Cell Phone No.: | |
| Total bedrooms in your home: | | No. of people in home: | | E-mail Address: | |
| Occupation: | | No. of working hours per week: | | F/T or P/T work? | |

A2. Spouse, Common-Law Partner or Relative Information(if applicable):

| | | | | | |
|------------------------------|--|--------------------------------|--|-------------------------|--|
| First name: | | Middle Name or Initial: | | Last Name: | |
| Street Name & No.: | | City: | | Postal Code & Province: | |
| Home phone: | | Work Phone No.: | | Cell Phone No.: | |
| Total bedrooms in your home: | | No. of people in home: | | E-mail Address: | |
| Occupation: | | No. of working hours per week: | | F/T or P/T work? | |

B. Other Information:

| | | | | | |
|---|--|---|--|--------------------------------|--|
| Have you previously employed a live-in Caregiver? | | Employer ID or the System file No. from previous LMO: | | Employer Payroll Business No.: | |
|---|--|---|--|--------------------------------|--|

C. Elderly Care for:

| | | | | | | | |
|-------------|--|------------|--|---------|--|------|--|
| First name: | | Last Name: | | Gender: | | DOB: | |
| First name: | | Last Name: | | Gender: | | DOB: | |

D. Elderly Care Needs (please describe):

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E. Caregiver (employee): *Note: Please leave this part blank. Do not fill out this section.*

| | | | | | |
|-----------------|--|--------------|--|------------|--|
| First name: | | Middle Name: | | Last Name: | |
| Address/Street: | | City: | | Country: | |
| Cell phone: | | Home phone: | | E-mail: | |

F. Suggested Main Job Duties for Elderly Care:

| | | | | |
|--|------|---|-----|---|
| Is the Home Support Worker/Nurse required to care for elderly? | Yes: | X | No: | |
| Is the Home Support Worker/Nurse r required to care for handicapped | Yes: | X | No: | |
| Is the Home Support Worker/Nurse required to have or obtain a Driver's License? | Yes: | | No: | X |
| Is the Home Support Worker/Nurse required or expected to travel with the Elderly employer? | Yes: | | No: | X |
| Is the Home Support Worker/Nurse required to take care of Elderly at night? | Yes: | X | No: | |
| Is the Home Support Worker/Nurse required to lift the Elderly? | Yes: | | No: | X |
| Is the Home Support Worker/Nurse required to prepare meals for the Elderly? | Yes: | | No: | X |

G. Secondary Job Duties – Housekeeping:

| | | | | |
|-------------------------------|------|---|-----|--|
| Cooking | Yes: | X | No: | |
| House Cleaning | Yes: | X | No: | |
| Laundry | Yes: | X | No: | |
| Help with Groceries | Yes: | X | No: | |
| Watering plants | Yes: | X | No: | |
| Required to take care of Pets | Yes: | X | No: | |

H. Suggested Working Terms & Conditions:

| | | | |
|---------------------------------|--|--|---------------------|
| Duration of the Contract: | 3 Years | Starting Date: | |
| Duration of Contract: | | Total of Hours per Week: | 40 |
| Live IN (my home): | YES | No. of Paid Vacation Days: | 10 working days |
| Live OUT: | | Worker's Compensation: | YES |
| Days Off: | Saturday & Sunday | Other Benefits (MSP): | Optional |
| Days Off: Weekdays or Weekend | | Furnished Private Bedroom & Bathroom with Door Lock: | YES |
| No. of Paid Sick Days: Optional | 2 | Frequency of Pay: | Monthly |
| Cost of Monthly Room & Board: | \$ 325.00 | Vacation Pay: Monthly or Yearly | |
| Minimum wage in BC: | | Works Begins at: | 7:30 am and 5:00 pm |
| Works Begins at: | 7:30 am and | Work Finishes at: | 5:00 pm |
| Coffee Break: | 9:45 am – 10:00 am 03:15 pm – 3:30 pm | Lunch Break: | 12:15pm – 12:45 pm |

Please change the details of the Application as you would like. The form is pre-filled in, for your convenience only as general guideline. You are free to make any changes to the Application Form that are appropriate and pertain only to your family needs.

By signing this Application Form I agree that information provided it is true, accurate and correct and it will be used solely for the purpose of finding a suitable Caregiver for my family. I hereby authorize the Global Nannies & Caregivers Agency Ltd. and live at their discretion the release of only very necessary information from my application, to any applicant for my job offer or otherwise I will instruct them of what they can provide.

I hereby authorize the Global Nannies & Caregivers Agency Ltd. to represent me, if it is necessary in all the matters and interests regarding my employer application and my job offered.

I understand that only if a Contract will be made with one of the potential Caregiver applicants, I will take the responsibility of paying a fixed placement fee to Global Nannies & Caregiver Agency Ltd. who will provide me a guarantee for their services.

I understand that any misleading and misrepresentation of facts, in this application form, related documents provided or verbal information's, may result in a void of all the previous obligations with the Global Nannies & Caregivers Agency Ltd.

I acknowledge that Global Nannies & Caregivers Agency is not responsible or liable for any loss of privacy, disclosure of information, harm, damage or loss that may result from your transmission of any information to us or from your placement through us. Global Nannies & Caregivers Agency is not responsible or liable for the placement of the nanny/caregiver/home support worker with the employer's family.

I acknowledge that Global Nannies & Caregivers Agency takes all measures reasonably necessary to protect against the unauthorized access, use, alteration or destruction of personal information so that information is kept secure and confidential at all times. No information can or will be disclosed without prior consent, and will never be sold, leased or traded to other parties for any reason.

I have read and understood all of the above.

| | | | | | |
|----------------------------|--|---------------------------|--|----------------------|--|
| Print Name of the Employer | | Signature of the Employer | | Date: Day/Month/Year | |
|----------------------------|--|---------------------------|--|----------------------|--|