

Application Form



NAME:		
DATE OF BIRTH:	PLACE OF BIRTH:	
ADDRESS:		
TELEPHONE:		
NATIONALITY:		
MARITAL STATUS:	HOW MANY CHILDREN?	
AGES OF CHILDREN:		
HOW MANY BROTHERS AND SISTERS DO YOU HAVE?		
AGES:		
RELIGION:		
LANGUAGES:		
<u>EDUCATION</u>		
HIGH SCHOOL:		
COLLEGE / UNIVERSITY:	DEGREE:	
CHILDCARE / ELDERLY CARE TRAINING COURSES:		
FIRST AID OR RELATED COURSES:		
OTHER COURSES:		
<u>EMPLOYMENT HISTORY</u>		
EMPLOYER:	DATE STARTED:	FINISHED:
ADDRESS:	POSITION:	
AGES OF CHILDREN:	REASON FOR LEAVING:	
EMPLOYER:	DATE STARTED:	FINISHED:
ADDRESS:	POSITION:	
AGES OF CHILDREN:	REASON FOR LEAVING:	

EMPLOYER:		DATE STARTED:		FINISHED:	
ADDRESS:			POSITION:		
AGES OF CHILDREN:			REASON FOR LEAVING:		
CHILDCARE EXPERIENCE: HAVE YOU HAD EXPERIENCE WITH CHILDREN AGED...					
0 – 8 MONTHS:		9 – 18 MONTHS:		19 MONTHS – 2 YEARS:	
2 – 4 YEARS:		4 – 6 YEARS:		6 – 10 YEARS:	
10 – 12 YEARS:		12 YEARS & UP:		ELDERLY:	
IN WHAT CAPACITY: (Explain)					
DO YOU DRIVE?					
DO YOU PLAY ANY MUSICAL INSTRUMENTS?					
DO YOU SWIM?			HOW WELL?		
DO YOU SMOKE?			DO YOU DRINK?		
ARE YOU IN GOOD HEALTH?					
ARE YOU WILLING TO WORK FOR A SINGLE PARENT?					
HOW MANY CHILDREN ARE YOU WILLING TO TAKE CARE OF?					
WILL YOU TAKE FULL CHARGE IN YOUR EMPLOYERS ABSENCE?					
DOMESTIC EXPERIENCE					
HAVE YOU HAD EXPERIENCE WITH THE FOLLOWING:					
VACUUMING & DUSTING	LAUNDRY	IRONING	BAKING	COOKING	
GROCERY SHOPPING		TAKING CARE OF PETS		CLEANING BATHROOMS	
HOW DO YOU RATE YOUR COOKING SKILLS?					

PLEASE EXPLAIN WHY YOU MAKE A GOOD CAREGIVER:

I, THE UNDERSIGNED APPLICANT CERTIFIES THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE

DATE