

**Guardian Angel Care Inc.**  
**154 Queen St. S. Suite 214**  
**Mississauga, Ontario,**  
**Canada L5M2P4**  
**Office:905-567-7784 Fax:905-542-9658**

DATE: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_  
NAME: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, PROVINCE, POSTAL CODE: \_\_\_\_\_

MAJOR CROSS STREETS: \_\_\_\_\_

HOW LONG HAVE YOU RESIDED AT YOUR CURRENT ADDRESS? \_\_\_\_\_

WHO DO YOU LIVE WITH? (*name and relation*) \_\_\_\_\_

IF LESS THAN THREE YEARS, LIST PREVIOUS ADDRESSES (PLEASE INCLUDE DATES):

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ CURRENT WORK: \_\_\_\_\_ HOURS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SOCIAL INSURANCE NUMBER: \_\_\_\_\_

ARE YOU A U.S. CITIZEN? \_\_\_\_\_ RESIDENT ALIEN? \_\_\_\_\_ OTHER? \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ PROV: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_  
(PICTURE I.D. REQUIRED)

LIST ANY OTHER DRIVER'S LICENSE(S) HELD: \_\_\_\_\_

CAR INSURANCE NAME AND PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NEAREST RELATIVE NOT LIVING WITH YOU: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

ARE YOU CURRENTLY REGISTERED WITH ANY OTHER AGENCY? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, WHICH AGENCY OR AGENCIES? \_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ YR. GRADUATED: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ YR. GRADUATED: \_\_\_\_\_

HIGHEST LEVEL COMPLETED: 1 2 3 4 5 6 DEGREE: \_\_\_\_\_

CHILDCARE RELATED COURSES: \_\_\_\_\_

ANY OTHER TRAINING? \_\_\_\_\_

**POSITION PROFILE:** What type of position(s) are you interested in? Circle number(s) that apply.

- 1. LIVE-IN
- 2. FULL-TIME/LIVE-OUT
- 3. PART-TIME/LIVE-OUT
- 4. HOURLY/OCCASIONAL
- 5. VACATION/TEMPORARY
- 6. SUMMER
- 7. EVENINGS
- 8. WEEKENDS

DO YOU HAVE EXPERIENCE WITH? (Please check all that apply)

INFANT       TODDLER       PRE-SCHOOL       SCHOOL AGE  
(Any age that needs supervision)  
 TWINS       TRIPLETS       SPECIAL NEEDS CHILD(REN)       3 OR MORE CHILDREN  
(In the same family)

WHAT AGE DO YOU PREFER? \_\_\_\_\_ NUMBER OF CHILDREN PREFERRED: \_\_\_\_\_

WHAT IS YOUR DESIRED SALARY? \_\_\_\_\_ WHAT IS YOUR CURRENT SALARY? \_\_\_\_\_

**PREVIOUS EMPLOYERS:**

LIST NAMES AND ADDRESSES OF THE LAST THREE (3) CHILDCARE POSITIONS YOU HAVE HAD:

If you have not worked as a childcare provider, include last three (3) employers.

Name and Address of Current/Most Recent Employer:

\_\_\_\_\_

JOB TITLE AND DUTIES: \_\_\_\_\_

NUMBER OF CHILDREN CARED FOR? \_\_\_\_\_ AGES OF CHILDREN CARED FOR: \_\_\_\_\_

(At the start of position)

STARTING DATE: \_\_\_\_\_ LEAVING DATE: \_\_\_\_\_

WEEKLY STARTING SALARY: \_\_\_\_\_ WEEKLY FINAL SALARY: \_\_\_\_\_

DATE AND REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT EMPLOYER? \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOW DID YOU FIND THIS POSITION? \_\_\_\_\_

Name and Address of Former Employer:

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JOB TITLE AND DUTIES: \_\_\_\_\_

NUMBER OF CHILDREN CARED FOR? \_\_\_\_\_ AGES OF CHILDREN CARED FOR: \_\_\_\_\_

*(At the start of position)*

STARTING DATE: \_\_\_\_\_ LEAVING DATE: \_\_\_\_\_

WEEKLY STARTING SALARY: \_\_\_\_\_ WEEKLY FINAL SALARY: \_\_\_\_\_

DATE AND REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT EMPLOYER? \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOW DID YOU FIND THIS POSITION? \_\_\_\_\_

Name and Address of Former Employer:

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JOB TITLE AND DUTIES: \_\_\_\_\_

NUMBER OF CHILDREN CARED FOR? \_\_\_\_\_ AGES OF CHILDREN CARED FOR: \_\_\_\_\_

*(At the start of position)*

STARTING DATE: \_\_\_\_\_ LEAVING DATE: \_\_\_\_\_

WEEKLY STARTING SALARY: \_\_\_\_\_ WEEKLY FINAL SALARY: \_\_\_\_\_

DATE AND REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT EMPLOYER? \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOW DID YOU FIND THIS POSITION? \_\_\_\_\_

WHAT DID YOU DO PRIOR TO THE ABOVE POSITIONS? (please include dates) \_\_\_\_\_

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**PERSONAL REFERENCES:**

LIST NAMES AND ADDRESSES OF THREE (3) PEOPLE AS CHARACTER REFERENCES:

Name and Address of Reference:

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WHAT IS YOUR ASSOCIATION WITH THIS PERSON? \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THIS PERSON? \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Name and Address of Reference:

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WHAT IS YOUR ASSOCIATION WITH THIS PERSON? \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THIS PERSON? \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Name and Address of Reference:

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WHAT IS YOUR ASSOCIATION WITH THIS PERSON? \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THIS PERSON? \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

I certify that I have answered all the questions on this application accurately and to the best of my knowledge. I have not withheld any information which would cause the information given above to be misleading. In the event of my employment as a result, in full or in part, from the information contained on this application, I understand that any inaccurate or misleading information is grounds for immediate termination of employment by the family.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICANT AGREEMENT**

Applicant requests Guardian Angel Care Inc. to search, on Applicant's behalf, for an employment position as an in-home child care provider. Applicant understands that the responsibility of Guardian Angel Care Inc. is the securing of a potential Employer for Applicant to interview with and Guardian Angel Care Inc. cannot be responsible for the honesty or reliability of the Employer. Applicant agrees to hold Guardian Angel Care Inc. harmless from any claims by anyone for damages stemming from the placement of Applicant with an Employer.

Applicant assumes full responsibility for the decision to accept a position with an Employer. Salary, performance, taxes, duties, benefits, termination of position and related issues are negotiated by the Applicant and the Employer. Guardian Angel Care Inc. does not exercise control or discretion in these matters.

Applicant understands that Guardian Angel Care Inc. is not her Employer and is acting solely as a referral agent on Applicant's behalf.

Applicant agrees to immediately notify Guardian Angel Care Inc. upon acceptance of an employment offer made by a Guardian Angel Care Inc..

Applicant understands that any false or misleading information, and/or omission of facts on the Application, Personal Profile, or any other form completed by Applicant for Guardian Angel Care Inc. may result in rejection for referral consideration now, or any time in the future.

Applicant understands that any false or misleading information, and/or omission of facts on the Application, Personal Profile, or any other form completed by Applicant for Guardian Angel Care Inc. may be sufficient cause, in and of itself, for dismissal by Employer wherever discovered.

This Agreement shall be governed by the laws of the Province Of Ontario which is deemed the proper jurisdiction for actions arising from this Agreement.

This Agreement has been made on (date): \_\_\_\_\_

By and Between Guardian Angel Care Inc. and:

\_\_\_\_\_  
(Applicant Print Name)

\_\_\_\_\_  
(Applicant Signature)