

Guardian Angel Care Of Canada Inc.

154 Queen Street South, Suite 214
Mississauga, Ontario L5M 2P4
(905) 567-7784 Phone
www.guardian-angelcare.com

APPLICATION FOR SENIOR CARE

Today's Date: _____

Personal Information

First name: _____

Last Name: _____

Street Address _____

City _____

Postal Code _____

Home Telephone # _____

Cell Phone #: _____

Email Address _____ Social Insurance # _____ - _____ - _____ Date of birth: _____

Are you a Canadian Citizen? Y N If not, you will need to provide us with a copy of your work permit.

Are you licensed to drive? Y N If yes, do you have your own car? Y N

If you have a car would you transport a senior? Y N Would your car accommodate a walker or a wheelchair? Y N

Senior care can be physically demanding .. please list any health issues you might have (bad back, asthma, etc.)

Please list any allergies you have: _____

Would you work for a senior if he/she smokes in their home? Y N

Are you afraid of dogs? Y N

Are you afraid of cats? Y N

Are you allergic to dogs? Y N

Are you allergic to cats? Y N

If someone has referred you to us, please provide their name: _____

When are you available to work?

Daytime hours Evenings Overnights Weekends Live-in or please specify

List the areas (cities) you are available to work in: _____

Indicate which housekeeping duties you would do:

Dusting Vacuuming Cleaning kitchen Cleaning bathroom laundry ironing change bed linens

What type of cook are you?

Will not cook Ok to cook and would prepare very basic meals Like to cook and would prepare a variety of meals
Love to cook and would prepare many types of dishes

If you cook only cultural foods, please specify which ones. _____

Are there any foods you would not prepare? _____

Education (if not listed on your resume, please list your education, starting with high school.

<u>Name of School</u>	<u>Date graduated or finished courses</u>	<u>Courses taken or degree/certificate obtained.</u>

Please list all healthcare-related certificates you have obtained (e.g., 1st Aid, CPR, PSW) You will be required to submit copies of these.

Work Experience (If not listed on your resume, please list your experience with childcare and/or elderly care, starting with your most recent job).

<u>From</u>	<u>To</u>	<u>Employer</u>	<u>Job Description</u>

Please indicate if you have experience with the following:

- Caring for a physically disabled senior, Giving medications transferring senior to/from wheelchair, bed, toilet etc.
- Mechanical lifts Dealing with Alzheimer's/Dementia Dealing with Parkinson's Dealing with Palliative patient
- Changing diapers for seniors Giving bath/shower to senior Toilet Care Driving seniors
- Draining/changing colostomy/ileostomy bags Catheters

Please list at least two (2) fairly current work references (a supervisor, teacher if recent grad, family member of senior you cared for.

<u>Name</u>	<u>Company Name</u>	<u>Relationship to You</u>	<u>Daytime Phone #</u>

We require a Police Check. If you do not have one, please go to your local Police Station to request one. You are responsible for the fee of approximately \$45. It can take 4 – 6 weeks to process, so simply fax it in when you receive it.

Explain why you enjoy senior care, or why you are interested in doing senior care:

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List what hobbies, talents, interests you have that might be helpful in taking care of seniors?

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I hereby warrant that all information provided on this application is true and complete to the best of my knowledge, for the purpose of assisting me in securing employment placement. I also recognize that my relationship with Guardian Angel Care Of Canada Inc.. can be terminated if any information is found to be false.

Print Name	Signature	Date
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Authorization and Consent for Release of Medical Information

Personal Physician: _____ Phone #: _____

Street Address

City

Province & Postal Code

I hereby authorize you to provide Guardian Angel Care Of Canada Inc., 154 Queen Street S., Suite 214, Mississauga, Ontario with copies of my medical reports and to release any information that you have regarding my emotional and physical history and other conditions.

Print Name:

Signature:

Date:

Authorization and Consent for Release of Information

This is to authorize and consent for the release of personal information and acknowledge that any agency that Guardian Angel Care Of Canada Inc. chooses can conduct a pre-employment screening background investigation check. The background check might include, but is not limited to: credit history, information on my character, personal characteristics, citizenship, previous employment check, searches of educational institutions, criminal and civil history information on the file in local, provincial or federal agencies, social security verification and motor vehicle/drivers license records all of which may be disclosed to any potential employers.

Guardian Angel Care Of Canada Inc. policies. I grant you all permissions necessary to obtain such information; I completely discharge the company, its agents, and its associates to the fullest extent permitted by law from any claims, losses, damages, liabilities, expenses, costs or any other charge or complaint filed with any agency arising from obtaining, retrieving and reporting this information. For placement purposes, I understand that this notice is valid for up to one year from the date below. Please note that one year from the date below, Guardian Angel Care Of Canada Inc. reserves the right to conduct updated background checks and you may need to complete an updated application form. After reading this document, I fully understand its complete contents and I authorize an in-depth background check for verification purposes.

In the event that information from the report is used entirely or in part in reaching an unfavourable decision pertaining to my possible employment, prior to making the unfavourable decision, I will be given a copy of the consumer report with an explanation of my rights.

- I understand that this information is needed for Guardian Angel Care Of Canada Inc. records, but I do not wish to release my information to any families.
- I understand that this information is needed for Guardian Angel Care Of Canada Inc. records and give permission to release my information to any families that request it.

Print Name

Signature

Date

Intent of Placement

It is our intention to refer you to families in need of Seniors In-Home Care specialists. It is our goal to find a perfect match for both Care Specialists and families to ensure mutual happiness. We strive at making this an enjoyable process for both parties. Guardian Angel Care Of Canada Inc. has an employment guarantee which states that within the first 30 days of employment if either the family or the elderly care specialist is not completely satisfied with this placement, Guardian Angel Care Of Canada Inc. will provide a replacement Care Specialist for the family and will work towards matching you with another placement.

In the unlikely event that your performance does not measure up to the standards of Guardian Angel Care Of Canada Inc., we are under no legal or contractual obligation to refer you for future employment as an elderly care specialist.

You will not hold Guardian Angel Care Of Canada Inc. liable and will hold Guardian Angel Care Of Canada Inc. harmless for any injuries you may sustain in the course of your employment.

Please confirm your agreement with our terms by signing below and returning this agreement to our office.

Print Name:

Signature:

Date:

Please Email ,Mail or fax your completed application along with the following information to:

- Recent photo of yourself that we can keep for our files
- Copy of your drivers license or ID card
- A copy of your birth certificate or passport
- Copies of any certifications that you obtained (CPR, 1st Aid, etc.)

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Once we receive your completed application, we will contact you to conduct a phone interview which will lead to an in-person meeting prior to placing you in any position.

All prospective employees will receive equal consideration without discrimination of sex, age, race, religion, national origin, handicap, sexual orientation or veteran status.

Thank you for your interest in Guardian Angel Care Of Canada Inc.