

## LEEGER Application for the Live-in Caregiver Position in Canada (page 1 of 4)

Date (MM/DD/YY)	LEEGER Internal Use (please leave blank)		
Title (Mr., Mrs., Miss., Dr., Prof.)	First and Last Name		
Weight	lbs	kgs	Height ft      inch      cm
Current Home Address			
Home Telephone Number with Area Code		Mobile Telephone Number with Area Code	
Work Telephone Number with Area Code		Fax Number with Area Code	
Email Address		Date of Birth (MM/DD/YY) and Age	Place of Birth
Nationality	Religion	Marital Status	Number of Children and age
Family Members' Full Names and Occupations, city and province of her/his residence:			
Driver's License Yes No Driver License Number:	Passport Number	Passport Expiry Date (MM/DD/YY)	Passport Issuing Office
Highest Educational Level Attained and Type of Degree, Diploma or Certificate			
Caregiver Training Background: Name and Location of Training Institution, Course Length and Completion Date			
First Aid Training Background: Name and Location of Training Institution, Course Length and Completion Date			
Education Background			
Name of Institution	Location	Enrolment Period	Type of Degree, Diploma or Certificate
Additional Education and/or Training			
Professional Designation(s) and/or Specialized Skills			

Applicant Initials: \_\_\_\_\_

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Previous Work Experience (begin with your present or most current employer)

<b>Employer's Name and Location:</b>	
Position:	Start Date (MM/YY) and End Date (MM/YY):
Duties and Responsibilities:	Reason(s) for Leaving:

<b>Employer's Name and Location:</b>	
Position:	Start Date (MM/YY) and End Date (MM/YY):
Duties and Responsibilities:	Reason(s) for Leaving:

<b>Employer's Name and Location:</b>	
Position:	Start Date (MM/YY) and End Date (MM/YY):
Duties and Responsibilities:	Reason(s) for Leaving:

<b>Employer's Name and Location:</b>	
Position:	Start Date (MM/YY) and End Date (MM/YY):
Duties and Responsibilities:	Reason(s) for Leaving:

<b>Employer's Name and Location:</b>	
Position:	Start Date (MM/YY) and End Date (MM/YY):
Duties and Responsibilities:	Reason(s) for Leaving:

Applicant Initials: \_\_\_\_\_

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Spoken Languages

English Language Skills (for each Language Skill check a Skill Level that best describes your abilities)

Language Skills \ Skill Level	None	Fair	Good	Excellent
Verbal Skills			√	
Reading Skills			√	
Writing Skills			√	

Caregiver Skills Experience (for each Caregiver Skill check a Skill Experience Level that best describes your abilities)

Caregiver Skills \ Skill Experience Level	No Experience	Some Previous Experience	Regular Experience	Over 2-years of Experience
General Elderly Care		√		
Experience with Medication Administration		√		
General First Aid and CPR		√		
Experience Caring for a Disabled Person				√
General Child Care				√
Preparation of Baby Formula				√
Feeding a Baby				√
Changing Diapers				√
Housekeeping				√
Laundry and Ironing				√
Grocery Shopping				√
Safe Food Handling and Preparation				√
Cooking				√

Non-paid Experiences as a Caregiver (i.e., caring for an elderly or infant family member)

Name of the Person Receiving Care	Age	Length of Care	Type of Care Provided to the Care Receiver

Applicant Initials: \_\_\_\_\_

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How is your general health? **GOOD**

Do you have any physical illnesses or disabilities? If yes, specify the nature of your condition(s). **NO**

Do you have any mental illnesses or disabilities? If yes, specify the nature of your condition(s). **NO**

Do you have any allergies? If yes, specify the nature of your condition(s). **NO**

Do you smoke? **NO**

Do you drink alcohol? **NO**

Do you have a criminal record? **NO**

What are your hobbies and interests?

**READING**

What are your favourite sporting activities?

Do you have any artistic or musical skills and/or experience?

What are your favourite cuisines?

Please explain why you would be a good caregiver?

Desired Location (check one only)

Vancouver        \_\_\_  
 Calgary           \_\_\_  
 Toronto            \_\_\_  
 Other (specify):    \_\_\_

Desired Work Area (check one only)

Elderly and/or Disabled    \_\_\_  
 Infants                          √    
 Child                              √  

Desired Employer (check one only)

English-speaking          √    
 Other (specify):

Other Job Preferences (list any other preferences you may have for a live-in caregiver position)

Visa Status: Do you currently have a Working Visa in Canada? If yes, what is the expiration date?

**NO**

Date Available for Employment (MM/DD/YY)

**IMMEDIATE**

**I the undersigned acknowledge that all information given is true to the best of my knowledge.**

\_\_\_\_\_  
 Date (MM/DD/YY)

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

\_\_\_\_\_  
 Print Name

Applicant Initials: \_\_\_\_\_