



# Reliable Nanny & Caregiver Placement Agency

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## Elderly Care Application

Date of Application: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Are you willing to work in the following areas:

1. Rural Areas \_\_\_\_\_ 2. City \_\_\_\_\_ 3. Small town \_\_\_\_\_

Date of availability: \_\_\_\_\_ Rate Expectation: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Nationality: \_\_\_\_\_ Language: \_\_\_\_\_

Religion: \_\_\_\_\_ Education: \_\_\_\_\_

### GENERAL INFORMATION

1. Do you drive? \_\_\_\_\_ If yes, please provide details of your driving license and record:

\_\_\_\_\_

2. Please provide your cooking skills: Poor ( ) Average ( ) Good ( ) Expert ( )

3. Can you prepare: American food ( ) European food ( ) Chinese/ Asian food ( )

Other, please state: \_\_\_\_\_

4. Can you swim? Yes ( ) No ( ) If yes: Fair ( ) Good ( ) Expert ( )

5. Do you have allergies to pets? \_\_\_\_\_ If yes, what particular pets? \_\_\_\_\_

6. Do you smoke? \_\_\_\_\_ If yes, how often do you smoke: \_\_\_\_\_

7. Language Spoken: English ( ) Tagalog ( ) Ilocano ( ) Visayan ( ) Cantonese ( )

Mandarin ( ) Spanish ( ) Other please state: \_\_\_\_\_

8. English is the major language in here. At the scale of 1 up to 10, how do you rate your mental capabilities?

a) Verbal Communication \_\_\_\_\_ b) Listening \_\_\_\_\_ c) Comprehension \_\_\_\_\_

10. Other Skills: Swim ( ) Painting ( ) Mathematics Tutoring ( )

11. Do you have the following training? First Aid ( ) CPR ( ) Police Clearance ( )

**EMPLOYMENT HISTORY**

Please begin with your recent employer.

1. Employer's Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_ Age of elderly you cared for: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. Employer's Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_ Age of elderly you cared for: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. Employer's Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_ Age of elderly you cared for: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS BRIEFLY.**

- 1. What will be your reaction if the elderly you are looking after is quite abusive or difficult to deal due to her or his illnesses?  
\_\_\_\_\_
- 2. How you are going to handle things if you are stress and angry? \_\_\_\_\_  
\_\_\_\_\_
- 3. How would you describe your work ethics? \_\_\_\_\_  
\_\_\_\_\_
- 4. Do you a history of alcohol and substance abuse? If yes, please explain it briefly. \_\_\_\_\_  
\_\_\_\_\_
- 5. What makes you a good care provider? \_\_\_\_\_  
\_\_\_\_\_
- 6. Why should I hire you? \_\_\_\_\_  
\_\_\_\_\_
- 7. Do you have any health conditions that may prevent you from doing the essential duties of your job? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_
- 8. Can you handle multi-tasking? If, yes, please describe a situation that shows multi-tasking? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please, check all that apply. Experience with elderly/patient that has: Alzheimer's ( ) Parkinson's ( ) Diabetes ( )  
Cancer ( ) Palliative Care / Wheelchair transport ( ) Osteoporosis ( ) Depression ( ) Dementia ( )  
Autism ( ) Multiple Sclerosis ( ) Chronic Obstructive Pulmonary Disease ( ) other ( )

Please, describe your experiences in handling this patient or elderly. \_\_\_\_\_

10. Why you are more interested in looking after an elderly rather than children? \_\_\_\_\_

11. How do you deal with stressful situations? \_\_\_\_\_

12. What do you enjoy about being a caregiver? \_\_\_\_\_

13. Please give three important things for you in choosing job.

a. \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_

14. At the scale of 1-10 how do you rate the following attributes and your work ethics towards the elderly you are looking after.

1) Loyalty \_\_\_\_ 2) Honesty \_\_\_\_ 3) Passion \_\_\_\_ 4. Reliability \_\_\_\_ 5. Responsibility \_\_\_\_ 6. Hardworking \_\_\_\_

15. What will be your reaction if your employers keep on nagging at you? \_\_\_\_\_

16. If your employer keeps on asking to do this and that? How do you feel in this situation? \_\_\_\_\_

17. Would you consider the reason for your employer keeping on asking the same task everyday, is you do not have initiative?  
\_\_\_\_\_ if yes, are you going to do the task to avoid your employer not asking you next time? \_\_\_\_\_

18. When I speak to your former employer(s), what will their comments be about you? \_\_\_\_\_

19. What are your weaknesses? \_\_\_\_\_

20. What about your strengths? \_\_\_\_\_

21. What was the biggest mistake you ever made towards your job responsibilities? \_\_\_\_\_

22. What was the best decision you ever made towards your job responsibilities? \_\_\_\_\_

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I certify that the above information and answer are true for the best of my knowledge and consent. I authorize Reliable Nanny & Caregiver Placement Agency to verify my information.

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

\_\_\_\_\_  
Date

Comments (For Interviewer only)

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**EXPERIENCE AND PREFERENCES**

Education :        Completion of High School ( ) College ( ) University Degree ( )  
( ) Other, please specify: \_\_\_\_\_

Course: \_\_\_\_\_

Check the activities that you enjoy doing with children:

Story telling ( ) Story reading ( ) Ball Games ( ) Rocket Games ( )

Walks or Hikes ( ) Crafts ( ) Bike riding ( ) Art work & coloring ( )

Puzzles ( ) Swimming ( )

Ages of children cared for: ( ) Infant (0-16 months)                    ( ) Pre-School (3-5 years)

( ) Toddler (17 months to 3 years) ( ) School Age (6 years and up)

No. of children cared for at one time: \_\_\_\_\_

How many years of caring for children : \_\_\_\_\_ For elderly : \_\_\_\_\_

Interested in caring for children with special needs: ( ) yes ( ) no For elderly: ( ) yes ( ) no

Experience with children with special needs: ( ) yes ( ) no With elderly:( ) yes ( ) no

Interesting in providing care to : ( ) Children ( ) elderly ( ) both

Interesting in working as ( ) Full Time (Live In/Live Out) Part-time ( ) Casual/ On Call

Do you smoke? ( ) yes ( ) no Pet Acceptable ( ) yes ( ) no

Has Driver's License: ( ) yes ( ) no Access to a car: ( ) yes ( ) no

Travels by public transit: ( ) yes ( ) no Police clearance: ( ) yes ( ) no

First aid training: ( ) yes ( ) no CPR training: ( ) yes ( ) no

Are you willing to get the following: First aid ( ) CPR ( ) Police Check ( )