



HOME *care* WEST JOB APPLICATION FORM

Please fax to: 604 924 5433

Home Care Assistant Housekeeping Live In LPN Other: _____

NAME:

Name: (First) _____

(Last) _____

PRESENT ADDRESS:

Street: _____

Suite: _____

City: _____

Province: _____

Postal Code: _____

TELEPHONE NUMBERS & EMAIL:

Home number: _____

Work number: _____

Cellular phone: _____

Cellular provider: _____

Email address: _____

Can you receive Text Email on your Cellphone

EDUCATIONAL INFORMATION:

Certificate: _____

Degree: _____

Diploma: _____

Continued Professional Education: _____

Other: (Specify): _____

Name of institution/facility from which graduated: _____

Year completed: _____

Title of program: _____

PERSONAL INFORMATION:

Do you have private care experience? Yes No If Yes, Number Of Years _____

Do you drive a car? Yes No If Yes, Number Of Years: _____

Languages you speak or understand:

English

Tagalog

Mandarin

German

Italian

Russian

Spanish

Cantonese

French

Other

Do you have current: Cpr First Aide: (Identify Level) _____

Preferred area of work: _____

How did you hear about homecare west? _____

This position requires physical lifting, and transferring of clients, do you have any physical limitations that could limit you from doing so? Yes No

HOME*care* WEST P.O. Box 91097, West Vancouver, BC, Canada V7V 3N3

Tel: 604.924.5455

info@homecarewest.com

www.homecarewest.com



EMERGENCY CONTACT:

Name: _____ Phone: _____
Relationship: _____ Cellular Phone: _____

REFERENCE INFORMATION

Work Reference One:

Company Name: _____
Supervisors Name: _____
Street: _____ Suite: _____
City: _____ Province: _____
Postal Code: _____
Phone Number: _____ Fax Number: _____
Email Address: _____
Position Held: _____
Length Of Employment: _____
Reason For Leaving: _____

Work Reference Two:

Company Name: _____
Supervisors Name: _____
Street: _____ Suite: _____
City: _____ Province: _____
Postal Code: _____
Phone Number: _____ Fax Number: _____
Email Address: _____
Position Held: _____
Length Of Employment: _____
Reason For Leaving: _____



Personal Reference One:

Name:

Street:

Suite:

City:

Province:

Postal Code:

Phone Number:

Fax Number:

Email Address:

Nature Of Relationship: (Friend, Supervisor, Teacher, Etc.)

Personal Reference Two:

Name:

Street:

Suite:

City:

Province:

Postal Code:

Phone Number:

Fax Number:

Email Address:

Nature Of Relationship: (Friend, Supervisor, Teacher, Etc.)

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. Further, I authorize former employers, references and any other individual or organization to provide information solicited by the company, and I hereby release and discharge each of the above, including the company, from any liability of any kind or nature.

Signature:

Date: