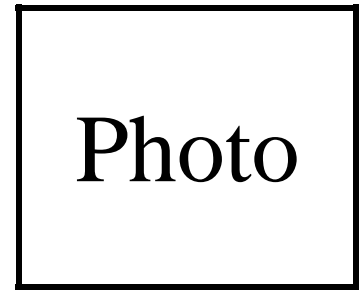


# FIL NANNIES

209 Allan Crescent SE, Calgary, AB Canada T2J 0T3 Phone / Fax: (403) 253-4957



## EMPLOYEE'S APPLICATION FORM

Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone: \_\_\_\_\_

Do you have any dependants? \_\_\_\_\_  
(List sex, age, relationship) \_\_\_\_\_

Have you traveled abroad? \_\_\_\_\_  
(List where and when) \_\_\_\_\_

Languages spoken / understood \_\_\_\_\_

Health condition

\_\_\_\_\_ Good

\_\_\_\_\_ Illnesses in past three years – please list: \_\_\_\_\_

\_\_\_\_\_ Physical disabilities that might affect your ability to care for children: \_\_\_\_\_  
\_\_\_\_\_

Are you willing to live in a house where pets are kept? \_\_\_\_\_

Are you willing to work for a family that includes a smoker? \_\_\_\_\_ Do you smoke? \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ How long? \_\_\_\_\_

Accident history \_\_\_\_\_

Sports, interests, hobbies \_\_\_\_\_

Date available for employment \_\_\_\_\_

How much notice of termination must you give your present employer? \_\_\_\_\_

Are you willing and able to provide your own airfare to and from Canada? \_\_\_\_\_

**EMPLOYMENT HISTORY**

Previous jobs, beginning with present one:

1. Employer's name and address: \_\_\_\_\_  
\_\_\_\_\_

Start date \_\_\_\_\_ Termination date \_\_\_\_\_

Responsibilities (including ages of children cared for)  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Employer's name and address: \_\_\_\_\_  
\_\_\_\_\_

Start date \_\_\_\_\_ Termination date \_\_\_\_\_

Responsibilities (including ages of children cared for)  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Employer's name and address: \_\_\_\_\_  
\_\_\_\_\_

Start date \_\_\_\_\_ Termination date \_\_\_\_\_

Responsibilities (including ages of children cared for)  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Please list names, addresses, and telephone numbers of three persons (previous employers or teachers) whose references you are enclosing (please send photocopies only):

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_

EDUCATION HISTORY

1. Name of school / college \_\_\_\_\_  
Dates attended \_\_\_\_\_  
Brief description of program of studies \_\_\_\_\_  
\_\_\_\_\_  
Qualification obtained \_\_\_\_\_

2. Name of school / college \_\_\_\_\_  
Dates attended \_\_\_\_\_  
Brief description of program of studies \_\_\_\_\_  
\_\_\_\_\_  
Qualification obtained \_\_\_\_\_

Attach additional sheets if necessary.

**IMPORTANT:** Please enclose photocopies of licenses held, photocopies of diplomas obtained, and recent photo of yourself.

