

Thank you for your interest in Eden Brook Care. If you wish to submit your application to Eden Brook Care to find a placement with a family, please complete this form and click the "submit" button at the bottom. There is a non-refundable application deposit fee of \$250.00 to register with us. Correspondence with your prospective family would be forwarded through Eden Brook Care until both parties agreed to disclosure of personal contact information. Only non-identifying information will be released to the Caregivers.

Please fill out all applicable fields in the form below.

Name:

Date of Birth:

Education:

Experience:

Personal:

Personal Information

Full Name:

Surname (Last name)

First name (Given name)

Middle initial(s)

Home Address:

No. Street Apt./Suite No.

| | | |
|------|----------------|-----------------|
| City | State/Province | Postal/Zip Code |
|------|----------------|-----------------|

Telephone No:

Home: (with area code)

Work: (with area code)

extension:

e.mail Address:

Age:

Date of Birth: (DD/MM/YYYY)

I am a citizen of:

Where do you presently reside?

Country of origin:

Height:

Weight:

Religion:

Marital Status:

Spouse's Name:
Surname (Last name) First name (Given name)
Middle initial(s)

Do you have any children?
If "yes", please provide details:

Do you have any brothers or sisters?
Yes No If "yes", please provide details:

Education

1. Name of Institution
List any Diploma, Certificate, Degree obtained

From: To:

2. Name of Institution
List any Diploma, Certificate, Degree obtained

From: To:
What languages do you speak?
Would you like to further your education in any way while in Canada?
If yes, please indicate what you would like to do:

Employment History

Please give a brief description of your work history Include all child care experience and any other positions held within the last five (5) years. Please list your child care experience first.

Name of Family/Organization
Position/Occupation
Ages of children cared
Responsibilities
Held From/To
Reason for Leaving
Type of Care Provided

Requirements

Date available for employment: (include year)
Full or Part Time? Expected salary (range, monthly net):
Accommodation Type? Length of commitment?
Do you have a valid driver's license? How long have you been Driving?
Do you have a car? Do you have a valid passport?

| | |
|---|---|
| Have you ever traveled abroad? | If yes, please provide details: |
| Number of children you would like to care for: | |
| Which age group would you prefer to work with? | |
| Babies | Toddlers 2 to 5 |
| Older children | |
| Are you willing and/or qualified to care for individuals with special needs (physical, mental or handicapped) | |
| As a caregiver, you will be required to perform some or all of the following duties with respect to the child(ren) in the family, please select all that you are willing to assume: | |
| <input type="checkbox"/> children's meals | <input type="checkbox"/> family meals |
| <input type="checkbox"/> children's laundry | <input type="checkbox"/> family laundry |
| <input type="checkbox"/> children's ironing | <input type="checkbox"/> family ironing |
| <input type="checkbox"/> dusting | <input type="checkbox"/> vacuum (light) |
| <input type="checkbox"/> vacuum (thorough) | <input type="checkbox"/> bathroom tidy |
| <input type="checkbox"/> bathroom clean | <input type="checkbox"/> sweep floors |
| <input type="checkbox"/> wash floors | <input type="checkbox"/> tidy after children only |

About You

| | | |
|---|---------|-----------|
| Do you have training in: | | |
| a) First Aid? | b) CPR? | c) Other? |
| If so, please provide a copy of your certificate(s). | | |
| Do you swim? | | |
| How well? | | |
| Do you like pets? | | |
| If yes, what kind? | | |
| Do you smoke? | | |
| If yes, how frequently? | | |
| Are you allergic to anything? e.g. (food, medication, plants, etc.) | | |
| If yes, give details: | | |
| What are your hobbies and/or interest? | | |

Person to be contacted in case of an emergency:

| |
|---------------|
| Name: |
| Relationship: |
| Address: |
| Phone No.: |

Other Information

| |
|---|
| Please indicate below how you first learned about Eden Brook Care: |
| Is there any information that we have not requested but which you think we should know? |
| You have the opportunity to ask questions, related to your request that we will answer in our response. |
| Question #1: |
| Question #2: |
| Question #3: |

Method of Payment

We offer several Easy and Convenient ways to pay your application fee. Please note:
Applications will not be processed without payment.
Secure order processing through PayPal: This is a premier secure credit card transaction service.
We accept all major credit cards through PayPal.

Faxed Credit Card Form: Fax: (647) 439-1548

Pay by Mail - using personal checks, money orders, cashiers checks or company checks.

Mail:

Eden Brook Care
545-3364 Keele Street,
Toronto, Ontario
M3J 1L5, Canada

Please indicate method of Payment

Legal Waiver

I fully understand and agree to the terms and conditions of the services offered by Eden Brook Care. It is understood and accepted that Eden Brook Care will perform a background check on all employees when a match is found. I agree to the fees, guarantee, refund, and confidentiality policies. I agree to pay all fees in Canadian funds.

I accept the terms and conditions stated above by signing this application and submitting to Eden Brook Care Consulting Service.

Signature:

Date:

Please return using one of the methods below:

Mail:

Eden Brook Care
545-3364 Keele Street,
Toronto, Ontario
M3J 1L5, Canada

Fax:

(647) 439-1548

e.Mail: info@edenbrookcare.com