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Tel: 416-888-0863 or 416-888-1326, email: info@familymatchagency.com • www.familymatchagency.com

Initial Application Date: _____ Application File Completed: _____

Please be totally honest when filling out the application as we cannot place you with a good match unless we know the correct information.

Surname: _____ First Name _____ Middle Name _____

Address : _____

Email Address: _____ Phone Number: _____

Preferred Method of Communication : Email Phone Best Time To Contact You _____

Can we (SMS) you as a last resort of communication if we cannot contact you via your preferred method: Y N

Personal Information:

Date of Birth (dd/mm/yy): _____ Sex: M F Height: _____ Weight: _____

Marital Status : _____ Number of Children: _____ Where do they live: _____

Nationality: _____ Passport Number: _____

Address in Home Country: _____

Languages Spoken : _____ Religious Affiliation; _____

Work Information:

Please list all the countries you have worked in and how long:

How long have you been in Hong Kong? _____ Arrival Date: _____

Education Information:

Highschool Completed: Y N

Attended College or University: Y N If Yes, number of credits you have: _____

Childcare/Eldercare training:

Midwife FirstAid/CPR Nurse Teacher Physical Therapist

Other (Please Specify): _____

Employment History – Start with most recent and include all countries

1. Employer’s Name: _____ Address: _____

Home Telephone Number: _____ Office Telephone Number : _____

Employment Start and End Date: _____ Salary _____

List Regular Duties: _____

Number of children/elders you take care of: _____ List their ages: _____

Contract end date: _____

2. Employer’s Name: _____ Address: _____

Home Telephone Number: _____ Office Telephone Number : _____

Employment Start and End Date: _____ Salary _____

List Regular Duties: _____

Number of children/elders you take care of: _____ List their ages: _____

Contract end date: _____

3. Employer’s Name: _____ Address: _____

Home Telephone Number: _____ Office Telephone Number : _____

Employment Start and End Date: _____ Salary _____

List Regular Duties: _____

Number of children/elders you take care of: _____ List their ages: _____

Contract end date: _____

Your Skills:

Check the boxes you have experience with:

Newborns Babies Toddlers School Aged Children Teenagers Twins/Multiple Births

General Housekeeping Grocery Shopping Cooking (for Children) Cooking (Family Meals) Disabled Children

Disabled Adults Disabled Elderly Laundry Menu Planning Elderly Sewing Ironing Serving Parties

Cooking (Gourmet) At home medical Devices (Glucose monitoring, Blood Pressure Monitoring etc.)

General Information:

Is your present employer aware you are seeking employment overseas? Y N

May we contact them? Y N Yes, after I give notice _____

Do you drive? Y N If yes, please provide country where your driver's license is valid: _____

Are you willing to learn? Y N

Please list any skills or hobbies you have that may help you as a caregiver: _____

Types of food you can cook (eg. Chinese, Italian, Indian, etc) _____

Please rate your cooking from 1 to 10 (1 being unable to cook and 10 being gourmet): _____

Can you swim: Y N Rate your swimming ability from 1 to 10 (1 being non swimmer): _____

Do you have any allergies to pets? Y N If yes, please specify: _____

Are you willing to care for pets? Y N

Do you have any dietary restrictions?: _____

Future Job Information:

How long would you like to stay with your new employer? _____

Acceptable Working Locations: Main Cities ___ Small Cities ___ Suburbs ___ Countryside ___ All _____

Maximum # of children you are willing/capable of taking care of: _____

Are you available to work on Saturdays or Sundays? If not, please explain: _____

Please list any aspects of caregiving or housekeeping that you are unable or unwilling to perform and why:

Are you willing to travel with the family? Y N

Please provide any details of family or close friends you have in Canada:

Name : _____ City: _____ Relationship: _____

Name : _____ City: _____ Relationship: _____

Name : _____ City: _____ Relationship: _____

If we cannot reach you, we cannot place you!! Please provide an alternate contact and phone number.

Name _____ Phone _____ Relation _____

I hereby declare the above information is true and I give Familymatch Placement Agency Inc sole permission in assisting me to find an employer in Canada under the Live-in Caregiver Program.

Name: _____

Date: _____

Signature: _____