



Soins à Domicile  
**A Plus Solutions**  
Home Health Care

# Application Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Referred to us by: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SIN \_\_\_\_\_

Position(s) applied for  Caregiver  Nurse  Other: \_\_\_\_\_

Date available: \_\_\_\_\_

Type of employment desired :  Full-Time  
 Part-Time  
 Casual

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day							
Evening							
Night							

Languages spoken: \_\_\_\_\_

Do you have a vehicle ? \_\_\_\_\_

Driver's license # \_\_\_\_\_

How much distance are you willing to travel to meet clients? \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Are you available to work overtime if required?  Yes  No



Have you applied with this company before? Yes No

Have you been convicted of a crime in the last (10) years? Yes No

If considered for hiring, will you agree to provide a criminal background check? Yes No

Do you have any physical or mental condition that may limit your ability to perform certain kinds of work? Yes No

**Home Services Profile**

Light Housekeeping

Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Dusting
- Vacuum
- Damp Mop
- Change Bedding
- Bathroom
- General Tidying

Pet Care

Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Dog
- Cat
- Fish
- \_\_\_\_\_

Laundry

Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Wash
- Dry
- Iron
- Fold
- Put Away

Basic Client Personal Care

Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Medicine Reminder
- Dressing
- Bathing
- Hairdressing
- Makeup
- Washing
- Shaving

Meal Preparation

Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Meal Planning
- Preparation
- Cooking
- Serving
- Wash Dishes
- Pre-Cooked Meals

Attendant

Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Shopping
- Appointments
- Activities

Home Basics

Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Gardening
- Lawn
- Snow
- \_\_\_\_\_

Other

Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



## Experience Profile

### General Status

**Allergies/Sensitivities:**  Food  Environmental  Other \_\_\_\_\_

**Skin Conditions:**  Bed Sores  Topical  Other \_\_\_\_\_

**Diabetes:** Type \_\_\_\_\_ Control type:  Insulin  Oral hypoglycemic  Diet controlled

**Mental Disabilities:**  Dementia  Alzheimers  Other \_\_\_\_\_

**Mobility:**  Bedridden  Assistance Required

**Limbs:**  Impairment  Tremor  Amputation  Prosthesis

**Assistive Devices**  Mechanical Lifts  Walker  Cane  Crutches  Wheelchair  
 Hearing Aid  Prosthetics  Leg Brace  Neck Brace  Other \_\_\_\_\_

### Functional Status:

**Transferring:**  Assist  Total care

**Feeding:**  Assist  Total Care

**Appetite:**  Fair  Poor

**Bathing:**  Assist  Bed

**Meal Prep:**  Assist  Total Care

**Housework:**  Assist  Total Care

### Sensory Perception:

**Vision:**  Impaired  Blind  Contacts  Glasses

**Hearing:**  Impaired  Deaf  Hearing Aid

**Speech:**  Impaired  Aphasic  Language Spoken

**Literacy:**  Illiterate

**Pain:**  Acute  Chronic



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**Nutrition:**

**Mouth:**  Partial  Dentures  No teeth  Ulcers  Infection  Drooling

**Feeding:**  Supervision  Assistance  Total Feed  Choking Problem  Swallowing Problem

**Diet:**  Supervised  Strict  Supplements

**EDUCATIONAL BACKGROUND**

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, COUNTRY	GRADUATED?	DEGREE(s)/DIPLOMA(s) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

What relevant license or registration do you have? If any.

Type	Date of Most Recent Registration	Valid in Province?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have the following:

CPR	<input type="checkbox"/> No <input type="checkbox"/> Yes	Last Certified _____
First Aid	<input type="checkbox"/> No <input type="checkbox"/> Yes	Last Certified _____
WHMIS	<input type="checkbox"/> No <input type="checkbox"/> Yes	Last Certified _____



**EMPLOYMENT BACKGROUND-** starting with the most recent employer.

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
JOB TITLE		HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$ per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ per	

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
JOB TITLE		HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$ per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ per	

**REFERENCES**

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			( )
			( )



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			( )
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*I certify that all the information I have provided is true, complete and correct.*

*The information contained within this application or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only as an aid in the hiring decision making process. The applicant, by signing the application gives the employer consent to collect the information contained herein and use for the purpose specified.*

I authorize this company to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

*I understand that if I am hired, I will be required to provide criminal background check at my cost, proof of identity and legal authority to work in Canada, proof of certifications or educational qualifications, and a drivers abstract (if applicable).*

Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

For office use only:

Date application received:

Date applicant contacted: \_\_\_\_\_