



SERVICE LINKS CANADA INC.

ASSESSMENT FOR LIVE-IN CARE GIVER WORK PERMIT

IF YOU HAVE ANY TECHNICAL PROBLEMS WITH THIS FORM, YOU MAY CONTACT US DIRECTLY AT : INFO@SERVICELINKS.CA

DATE:

1) PERSONAL INFORMATION	
FIRST NAME	LAST NAME:
GENDER	NATIONALITY:
AGE	
2) CONTACTING INFORMATION	
ADDRESS	
E-MAIL ADDRESS	
PHONE NUMBER	
FAX NUMBER	
3) EDUCATION AND TRAINING	
EDUCATION LEVEL	<input type="checkbox"/> DOCTORATE & MASTER DEGREE <input type="checkbox"/> BACHELOR DEGREE INVOLVING EQUIVALENT OF A LEAST 3 YEARS FULL TIME STUDIES <input type="checkbox"/> 3-YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA, TRADE CERT. OR APPRENTICESHIP <input type="checkbox"/> 2-YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA <input type="checkbox"/> 1- YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA <input type="checkbox"/> HIGH SCHOOL
TOTAL YEARS OF EDUCATION	
MAJOR	
ADDITIONAL TRAINING	FIRST AID <input type="checkbox"/> YES <input type="checkbox"/> NO CPR <input type="checkbox"/> YES <input type="checkbox"/> NO GERIATRIC CARE YES <input type="checkbox"/> NO <input type="checkbox"/>

CANADA: Unit 207-B, 2099 Lougheed Hwy, Shaughnessy Square, Port Coquitlam, British Columbia V3B 1A8

t +1 604.944.7912 f +1 604.944.7913

THAILAND: Unit 116, 973 President Tower, 10th Floor, Ploenchit Road, Lumpini, Pratumwan, Bangkok 10330

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	OTHER
DOMESTIC EXPERIENCE	HOUSEKEEPING <input type="checkbox"/> YES <input type="checkbox"/> NO LAUNDRY <input type="checkbox"/> YES <input type="checkbox"/> NO IRONING <input type="checkbox"/> YES <input type="checkbox"/> NO COOKING <input type="checkbox"/> YES <input type="checkbox"/> NO BAKING <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILDCARE EXPERIENCES	INFANT <input type="checkbox"/> YES <input type="checkbox"/> NO TODDLER <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER AGES
OTHER EXPERIENCES	DO YOU DRIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO FOR HOW LONG CAN YOU DRIVE A STANDARD/AUTOMATIC CAR? <input type="checkbox"/> STANDARD CAR <input type="checkbox"/> AUTOMATIC CAR <input type="checkbox"/> BOTH WHAT PETS DO YOU LIKE? ANY ALLERGIES? DO YOU SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW MANY DAILY? DO YOU SWIM? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU LIKE OUTDORR SPORTS? <input type="checkbox"/> YES <input type="checkbox"/> NO HOBBIES AND INTERESTS CHILDREN'S AGE PREFERRED
4) EMPLOYMENT	
CURRENT EMPLOYMENT	EMPLOYMENT TITLE HOW MANY HOUR PER WEEK?



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PREVIOUS EMPLOYMENT	EMPLOYMENT TITLE HOW MANY HOUR PER WEEK?
LAST EMPLOYMENT	EMPLOYMENT TITLE HOW MANY HOUR PER WEEK?
5) OFFICIAL LANGUAGES	PLEASE INDICATE YOUR ABILITIES IN BOTH THE ENGLISH AND FRENCH LANGUAGES, AS FOLLOWS:
FLUENT:	VERY GOOD COMMAND OF THE LANGUAGE IN A RANGE OF SOCIAL AND WORK SITUATIONS, AND NO DIFFICULTY COMMUNICATING IN PROFESSIONAL CAPACITY
WELL:	CAN COMMUNICATE REASONABLY WELL ABOUT PERSONAL AND FAMILIAR THINGS
WITH DIFFICULTY	COMMAND OF JUST A FEW BASIC WORDS
ENGLISH	READING: WRITING: SPEAKING: LISTENING:
FRENCH	READING: WRITING: SPEAKING: LISTENING:
6) ADDITIONAL INFORMATION	<p>ARE YOU CURRENTLY LIVING IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YOU ARE LIVING IN CANADA, ARE YOU WORKING AS LIVE-IN CAREGIVER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DO YOU HAVE AN EMPLOYMENT SPONSORED EMPLOYMENT IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF "YES" PROVIDE YOUR CANADIAN EMPLOYER'S INFORMATION (NAME, ADDRESS & PHONE NUMBER)</p>

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(NOTE: AN ASSESSMENT WITHOUT ARRANGED EMPLOYMENT IN CANADA WILL NOT BE EVALUATED.)

ANY ISSUES REGARDING MEDICAL AND/OR CRIMINALITY?

HOW MANY SAVINGS DO YOU HAVE? (CAD)

IF YOU WISH TO SUBMIT YOUR RESUME

IF YOU WISH TO SUBMIT YOUR REFERENCE LETTER

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ADDITIONAL INFORMATION

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