

APPLICANT INFORMATION

PERSONAL INFORMATION

Surname: _____ First Name: _____ Initial: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Cell: _____

E-Mail: _____

EDUCATION

School/Coll/Univ: _____ Year Completed: _____

Cert/Dipls/Degs held: _____
(Please provide copies)

BC Care Aide & Community Health Worker Registry # _____

RNABC # _____ LPN # _____ Current Yes No

EMPLOYMENT INFORMATION

Are you currently employed: Yes No If yes, please specify where: _____

If you're working, please state the days & hours you're committed to your current employer:

Times Available to work for Shylo: Days Evenings Nights
 Anything/Anytime Weekdays Weekends Live-in

Specific hours: _____

What is your employment goal with Shylo: Full-time Part-time Casual

EMPLOYMENT INFORMATION

Are you ok around Dogs: Yes No Are you ok around Cats: Yes No
 Do you smoke: Yes No Do you drive (& have a current BCDL): Yes No
 Do you have a car: Yes No Is it insured & in good running condition: Yes No