



**EPHRAIM GLOBAL
NANNY AGENCY**

Personal Information:

Name: _____
Last First Middle

Address: _____

Province: _____ Country _____ Postal Code _____

Phone: _____

How would you like to be contacted: Home Work E-Mail Mail Others _____
Cell Work E-Mail Mail Others

Country of Birth: _____ Date of Birth _____ Age _____ Languages _____
Marital Status: _____ Number of Children _____ Age of Children _____

What other countries you have been to? _____, _____, _____

Do you Drive? _____ Do you have an International License? _____ Are you willing to learn? _____

Will you work in rural setting? _____ What Day do you want to have your day off? _____ / _____

Do you like pets? _____ Do you have any allergies? _____ Are you on any special diet? _____

Do you smoke? _____ Do you drink alcohol? _____ What is your religion? _____

Do you swim? _____ What sports do you play? _____ What is your hobby? _____

Describe your personality: _____

How do your friends describe you? _____

How does your employer evaluate your work? _____

Work Experience:

CHILDCARE:

1. In which country did you work as a live-in Nanny? _____

How long? _____

3. Have you worked with special needs children? _____ 4. For how long? _____

6. How many children are you willing to look after? _____

7. What were the ages of the children(s) you cared for? _____

Elderly care:

Have you had any experience working for elderly clients? _____ How long? _____

Elderly illnesses and condition: _____, _____

How would you describe your experience with regards to their health, illness, age and condition in relation to your duties and responsibilities?

Housekeeping Duties: (mark X beside the one you are willing to do)

do full house keeping

do family laundry

do light house keeping only

drive children to school

prepare meals for family

provide pet care

bathe the children /Elderly clients

do arts and crafts with the children

What types of food are you able to cook? _____

Educational Background:

College: _____ Year Graduated: _____

University: _____ Year Graduated: _____

Courses Completed _____ Under Graduate: _____

Care Giver Course: _____ Year Graduated: _____

First Aid / CPR Training: _____ Year completed: _____

Have you been involved in any organization? _____ What is your position: _____

Have you done any volunteer work? _____ What year? _____ Type of Service: _____

Employment Record:

1: Employer's name _____

Last

First

Middle

Address: _____ **City** _____

Province: _____ **Country** _____ **Postal Code** _____

Phone: _____

Home

Work

E-Mail

Start Date: _____ **Finish Date:** _____ **Position:** _____

Number of Children _____ **Ages:** _____ **Elderly Client (Man/Woman)** _____

Age: _____

If you cared for an elderly client describe their condition: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Please, explain why an employer would like to hire you? _____

Please attach the following: a) reference letter; b) photos with the children/elderly client; c) copy of your diplomas or certificates; d) Current Police Record Clearance Check; e) Medical Record (optional).

27Alderney Ave, Hamilton, ON, L9A 2A6 • 905-389-4356 • www.ephraimglobal.com

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