



## LIVE-IN CAREGIVER EMPLOYER PROFILE

Employers Name: \_\_\_\_\_

(Note: Employer need not be person requiring care)

Employers SIN: \_\_\_\_\_

Employers Address: \_\_\_\_\_  
\_\_\_\_\_

Employers CRA Business Number (9 digits): \_\_\_\_\_ (if available)

Employers Phone/Cell Number: \_\_\_\_\_ / \_\_\_\_\_

Employers Email/Fax: \_\_\_\_\_ / \_\_\_\_\_

Employers Spouse: \_\_\_\_\_

Address (if different from spouse) \_\_\_\_\_

Other contacts: \_\_\_\_\_

Estimated start date: \_\_\_\_\_

Name of previous live-in caregiver: \_\_\_\_\_

Termination date: \_\_\_\_\_

Expected duration of employment (max 3 years) : \_\_\_\_\_

Name of Individual(s) requiring care: \_\_\_\_\_

Senior (> age 65)?(Y/N) : \_\_\_\_ Disabled Person?(Y/N): \_\_\_\_ Child (< age 18)? (Y/N): \_\_\_\_

Relationship to Employer (check one): Spouse \_\_\_\_

Parent \_\_\_\_

Child \_\_\_\_

Other (describe) \_\_\_\_\_

Care Needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Requirements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expected number of work hours per week: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Days off: \_\_\_\_\_

Other comments: \_\_\_\_\_

Private room? (Y/N) : \_\_\_\_\_ Lock on door? (Y/N) : \_\_\_\_\_

Own Bathroom? (Y/N): \_\_\_\_\_

Pets in the home?: \_\_\_\_\_

**Candidate Preferences**

Male / Female / Either: \_\_\_\_\_

Age Range (if preference): \_\_\_\_\_

Languages other than English: \_\_\_\_\_

Any special physical requirements (e.g. strength, size): \_\_\_\_\_

Other preferences/ factors/ comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Candidates being considered: \_\_\_\_\_

\_\_\_\_\_