



**PART 2 – EDUCATION**

	School Name	Course Name	Degree Rec'd		Date Rec'd Year
			Yes	No	
High School					
College/University					
Other/Specify					

B/ Are there any other degrees, courses or certificates related to our business which you have received? If yes, please provide details.

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**PART 3 – EXPERIENCE**

A/ Have you worked in this business previously? \_\_\_\_\_  
Yes No

B/ Please provide the following information relative to previous employment.

Job title	Employer Name	Employer Tel.#	From	To	Last rate of pay

**PART 4 – REFERENCES**

Reference Name	Reference Tel. #	Relationship	Reference Type
			Business
			Business
			Personal
			Other

**PART 5 – VOLUNTEER ORGANIZATIONS**

Please describe any volunteer positions you have experience with in non-profit agencies, places of worship, hospitals or other organizations, if any.

Organization	Type of Work	From	To

**PART 6 – MISCELLANEOUS INFORMATION**

A) Please describe how many hours per week and the days and times you are available to work.

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B) Please provide specific days and times you are unable to work, if any.

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C) Are you available for a live-in position? If so, which days are you available to work?

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D) Please provide us with the hourly wage required; \$ \_\_\_\_\_

E) When are you available to begin work with Living Assistance Services?

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F) Please describe any strengths which would make you a good candidate to be a Living Assistance Services Caregiver.

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G) Please list languages other than English in which you are able to communicate.

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**PART 7 – RESTRICTIVE COVENANT AND AUTHORIZATION**

You agree, if hired, not to circumvent or bypass our rights by doing business directly with any business or individuals to whom we have introduced you, (or by entering into employment with such business activities or individuals), without our advance written consent.

The applicant hereby authorizes Living Assistance Services to check all information provided herein by the Applicant by whatever means available including, but not necessarily limited to, driving record, references and social insurance status, to determine suitability for employment.

It is further agreed and understood that any incorrect or inaccurate information provided herein shall constitute cause for non-employment or dismissal during the Applicants period of employment.

Date at Toronto, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Applicant

LIVING ASSISTANCE SERVICES  
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Toronto, ON M4N 2K9  
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