



## Application for Employment (Overseas)

### **Personal Information :**

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex : M / F Height : \_\_\_/\_\_\_ ft./in. Weight: \_\_\_ lbs

Place of Birth: \_\_\_\_\_ Marital Status : \_\_\_\_\_ # of Children: \_\_\_\_\_

### **Education :**

Highest level of education obtained:

University/College/School: \_\_\_\_\_ Year Graduated :  
\_\_\_\_\_

Years in Univ./College: \_\_\_\_\_ Degree/Diploma/Certificate received:  
\_\_\_\_\_

Total number of years of education including elementary : \_\_\_\_\_

### **Special Education:**

Have you completed 6 months full time Caregiver course: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any special training in Child care/Elderly care/Care for Disabled ? : Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details : \_\_\_\_\_  
\_\_\_\_\_

Do you have any of the following certificates : CPR \_\_\_\_\_ First Aid \_\_\_\_\_

Do you have any Nursing or Health related training : Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details : \_\_\_\_\_  
\_\_\_\_\_

List any special skills that you think might help you perform your duties well : \_\_\_\_\_  
\_\_\_\_\_

## Language Skills :

List the languages you can speak/read/write:

Language 1 : \_\_\_\_\_ Speak : \_\_\_\_ Read: \_\_\_\_ Write : \_\_\_\_

Language 2 : \_\_\_\_\_ Speak : \_\_\_\_ Read: \_\_\_\_ Write : \_\_\_\_

Language 3 : \_\_\_\_\_ Speak : \_\_\_\_ Read: \_\_\_\_ Write : \_\_\_\_

## Work Experience :

Tell us about your employment history, starting with the most recent one. Please make sure to include Name of the employer, country where you worked for this employer, your position, period of your employment (dates from/to) , reason for leaving, your responsibilities during your employment with this employer. If you were taking care of any children, please provide ages of the children, were there any pets in the household. If you were caring for a disabled person or elderly, please provide us with details as this will help us in finding you a suitable employer. We may ask you to provide us with employer's telephone number later for reference check. If you need more space use back of this page.

**Employer # 1(Most recent) :** \_\_\_\_\_

\_\_\_\_\_

**Employer # 2** \_\_\_\_\_

\_\_\_\_\_

**Employer # 3** \_\_\_\_\_

\_\_\_\_\_

### Please answer the following questions :

Do you cook ?Yes\_\_\_ No\_\_\_ If yes, what kind? \_\_\_\_\_

Do you drive? Yes\_\_\_No\_\_\_ If yes, do you have Canadian Driver's License? Yes\_\_\_No\_\_\_

Can you swim? Yes\_\_\_ No\_\_\_

Do you smoke? Yes\_\_\_ No\_\_\_

Do you drink alcohol? Yes\_\_\_ No\_\_\_

Can you take care of pets? Yes\_\_\_No\_\_\_ If yes, What kind? \_\_\_\_\_

Can you work on flexible schedule? Yes\_\_\_ No\_\_\_

Can you work overtime if paid? Yes\_\_\_ No\_\_\_

What are your Hobbies & Interests : \_\_\_\_\_

Do you have any Medical concerns? Yes\_\_\_No\_\_\_ If yes, give details below: \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? Yes\_\_\_ No\_\_\_ If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Did you have any surgery done on you in the past 1 year? Yes\_\_\_ No\_\_\_

Do you have any physical defects? Yes\_\_\_ No\_\_\_

Have you ever been accused of theft? Yes\_\_\_ No\_\_\_

Have you ever been convicted of a criminal offence? Yes\_\_\_ No\_\_\_

Are you the subject of pending criminal charges? Yes\_\_\_ No\_\_\_ If yes, provide details below:

**Character References:**

Name	Address	Telephone #	# of years known	Relationship
1.				
2.				
3.				

**BY SUBMITTING THIS application, I agree that the information provided by me on the Questionnaire/Application is true to the best of my knowledge. I understand that MAGNUS Resources may conduct a reference check. The Reference check including information regarding character, Past Employment, Criminal record, knowledge, capabilities, and reputation. I understand that MAGNUS Resources is a referral agency and not an employer. I understand that the submission of this application for employment will not guarantee me an employment.**

**Signature :** \_\_\_\_\_ **Date :** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name :** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact :** Do you have any relatives in Canada? Yes \_\_\_\_ No \_\_\_\_

**If yes, Can we contact them incase of emergency? Yes \_\_\_\_ No \_\_\_\_**

**Name:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

If you select No, give us name and telephone number to contact incase of emergency.

**Name:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_



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