



INQUIRY FORM

TYPE OF HELP REQUIRED **LIVE-IN** _____ **LIVE-OUT** _____ **TEL.** _____

MR. / MRS. / MS. _____ **BUS.** _____

ADDRESS _____ **FAX.** _____

E-MAIL: _____ **CEL.** _____

FAMILY CONSISTS OF: **ADULTS** _____ **CHILDREN (boys)** _____ **(girls)** _____ **PETS** _____

GIRLS (name & date of birth) _____

BOYS (name & date of birth) _____

ARE THERE SPECIAL DIET OR ALLERGIES IN THE FAMILY? _____

HOME _____ sq. ft. **BEDROOMS** _____ **BATHROOMS** _____ **TOTAL ROOMS** _____

NANNY ACCOMMODATION _____ (no deductions allowed for room & board)

PAY OFFERED \$ _____ per hour **ANNUAL VACATION** _____ weeks annually

HOURS OF WORK _____ AM to _____ PM **DAYS OFF** _____

DRIVER LICENSE REQ. _____ **SMOKER** _____ **BABYSITTING** _____

OUTLINE OF DUTIES _____

STARTING DATE REQUIRED _____ **INQ. DATE** _____

NOTES:

Proudly serving Canadian families for 40 years