

## Employment Agreement

Position: Live-In Care Giver

Employer:

Care Giver:

Please give approximate preferred starting date below or a range. If starting date is critical, please say so.

Duration

2 years, with option to renew

Preferred Starting Date

Employer Address:

e.mail:

Res. Tel. ( )

Profession His:

Hers:

Bus. Tel. His:

Hers:

Ages of sons:

daughters:

Salary

C\$ \_\_\_\_\_ p.m. less C\$ \_\_\_\_\_ for food/lodging

Vacation

2 wks with pay or payment of 4% annual salary

Type of house. Please check the relevant boxes.

Single-story bungalow

Two-story bungalow

Town house

Ranch

Other (Please describe)

Is there a garden in your residence?

Is there a swimming pool in your residence?

Number of bedrooms

Number of bathrooms

Please briefly describe Care Giver's accommodation:

Duties of Care Giver Please check the relevant boxes.

Care of children

Prepare breakfast for children

Prepare lunch for children

Prepare lunch for family

Prepare dinner for family

Gardening

Wash and iron clothes

Clean and tidy

Babysitting at night

Escort children to/from school

Bring children to/meet children from school bus

Sleeping with baby at night

Other Duties, Please Specify:

Sponsor's Comments, if any

<b>Sponsor's Undertaking</b>	
As it will take 5-6 months for your visa to be issued, it is not worth my while to sponsor you unless you will agree to work for me for at least two years. If you promise to work for me for two years, then I shall not withdraw my sponsor in case of any delay.	
Signature of Employer:	Date:

<b>Care Giver's Pledge to Sponsor:</b>	
I am very grateful to my sponsor for agreeing to wait for 5 to 6 months for me.	
I understand that no one will wait for me for so long if I am going to work for only one year.	
In return for your sponsoring me, I promise to work for you for at least two years, even though my work permit is initially good for only one year.	
In addition, I promise to work diligently for you, as I am doing for my employer now.	
Signature of Care Giver:	Date:

<b>Care Giver's Particulars</b>	
Full Name	
Mailing address	
Passport Number	
Expiry Date	
Signature:	Date:

Please return using one of the methods below:

Mail: Eden Brook Care  
545-3364 Keele Street,  
Toronto, Ontario  
M3J 1L5, Canada  
Fax: (647) 439-1548  
e.Mail: [info@edenbrookcare.com](mailto:info@edenbrookcare.com)