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			
Franksyon Address			
Employer Address:			
o mail:			
e.mail: Res. Tel. ()			
Profession His:	Hers:		
Ages of sons:	daughters:		
Ages of Solis.	daugii	iters.	
Salary			
•	n. less C\$	for food/lodging	
Vacation		101 1000/1009/119	
2 wks with pay or payment of 4% annual salary			
2 the mar pay of payment of 170 armadi salary			
Type of house. Please check the relevant boxes.			
П	П	П	
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 you			
Number of bedrooms Number of bathrooms			
Diago briefly describe Care Ci	ivor's accommodation:		
Please briefly describe Care Giver's accommodation:			
Duties of Care Civer Blaces shock the relevant haves			
Duties of Care Giver Please check the relevant boxes.			
Care of children Prepare breakfast for children Prepare lunch 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			
П			
^L Sleeping with baby at night	^L Other Duties, Please Specify	<i>r</i> :	

Sponsor's Comments, if any			
On a second a Handard aldress			
Sponsor's Undertaking As it will take 5-6 months for your visa to be issued, you will agree to work for me for at least two years. I then I shall not withdraw my sponsor in case of any	f you promise to work for me for two years,		
Signature of Employer:	Date:		
Care Giver's Pledge to Sponsor:	t for E to C months for m-		
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:		
Signature of Care Giver.	Date.		
Care Giver's Particulars			
Full Name			
Mailing address			
Decement Months of			
Passport Number			
Evoiry Data			
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			