



### INQUIRY FORM

**TYPE OF HELP REQUIRED**      **L/I**      **L/O**      **P/T**      **TEMP.**      **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:**

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*Proudly serving Canadian families for 37 years*