

APPLICATION FORM FOR A COMPANION CARER**1. PERSONAL INFORMATION**

NAME _____

SURNAME _____

ADDRESS _____

POSTAL CODE - CITY / TOWN _____PHONE NUMBER MOBILE PHONE

E-MAIL ADDRESS _____

DATE OF BIRTH -- (DD – MM – YYYY)CONTACT PERSON IN POLAND: _____ PHONE **2. EXPERIENCE AND QUALIFICATIONS**

PROFESSIONAL QUALIFICATIONS _____

CURRENT OCCUPATION _____

HAVE YOU EVER LOOKED AFTER THE ELDERLY? ☐ YES ☐ NO

If yes, then please describe where it was (in Poland or abroad), when, for how long, what was the condition of the patient(s) and what exactly were your caretaking responsibilities.

If needed, please use the extra space provided on the last page.

Wyrażam zgodę na przetwarzanie danych osobowych zawartych w mojej ankiecie dla potrzeb niezbędnych do realizacji rekrutacji (zgodnie z ustawą z dnia 29 sierpnia 1997 r. o ochronie danych osobowych, tj. Dz. U. z 2002 r. Nr 101, poz. 926 z późn. zm.)

I hereby give consent for my personal data included in my offer to be processed for the purposes of recruitment, (in accordance with the Personal Data Protection Act dated 29.08.1997; Journal of Laws of the Republic of Poland 2002 No 101, item 926 with further amendments)

CAN YOU CARE FOR BABIES?

☐ YES

☐ NO

CAN YOU CARE FOR CHILDREN 1 – 5 YEARS OLD?

☐ YES

☐ NO

CAN YOU CARE FOR CHILDREN 5 – 10 YEARS OLD?

☐ YES

☐ NO

HAVE YOU EVER LOOKED AFTER CHILDREN?

☐ YES

☐ NO

If yes, then please describe where you gained your childcare experience (in Poland or abroad), when, for how long, what was the age of the child(ren) and what exactly were your caretaking responsibilities.

CAN YOU COOK?

☐ YES

☐ NO

CAN YOU BAKE? (COOKIES, PIES)

☐ YES

☐ NO

CAN YOU READ ENGLISH COOKBOOKS? (FOLLOW A RECIPE)

☐ YES

☐ NO

CAN YOU IRON?

☐ YES

☐ NO

CAN YOU SET THE TABLE?

☐ YES

☐ NO

CAN YOU CLEAN, TIDY?

☐ YES

☐ NO

CAN YOU DO GROCERY SHOPPING?

☐ YES

☐ NO

Please describe any other experience, qualifications or skills which might be relevant to this job.

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ENGLISH : ☐ POOR ☐ SUFFICIENT ☐ GOOD ☐ VERY GOOD

HOW LONG HAVE YOU BEEN LEARNING ENGLISH? _____

DRIVING LICENCE: ☐ NO ☐ YES, SINCE _____

HOW OFTEN DO YOU DRIVE? ☐ EVERY DAY ☐ ONCE A WEEK ☐ OCCASIONALLY

HAVE YOU EVER HAD AN ACCIDENT OR ANY CONVICTIONS? IF YES, PLEASE GIVE DETAILS BELOW.

3. HEALTH DETAILS AND PERSONAL PROFILE

ARE YOU NORMALLY HEALTHY & ABLE TO WORK AS COMPANION CARER? ☐ YES ☐ NO

DO YOU SUFFER FROM ANY ALLERGIES? ☐ NO ☐ YES – *what kind?* _____

DO YOU SMOKE? ☐ NO ☐ YES

MARITAL STATUS: _____

NUMBER OF CHILDREN AGES OF CHILDREN _____

RELIGION _____

4. AVAILABILITY AND PREFERENCES

WHEN CAN YOU ARRIVE? _____

HOW LONG ARE YOU PLANNING TO STAY? _____

WOULD YOU ACCEPT A FAMILY OF A DIFFERENT RELIGION? _____

DO YOU LIKE ANIMALS? _____

ARE YOU ALLERGIC TO ANY? _____

ARE YOU WILLING TO FEED THE DOGS, TAKE THE DOGS OUT FOR A WALK? ☐ YES ☐ NO

I HEREBY CONFIRM WITH MY SIGNATURE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

PLACE _____ DATE - - SIGNATURE _____

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MIKRO
SERWIS

MIKROSERWIS Sp. z o.o. Sp. komandytowa

ul. Św. Agnieszki 2, 31-068 Kraków,

tel. 12 426 18 10, 509 250 107; e-mail: info@mikroserwis.com

Please use this space if you would like to provide more details about your experience and/or skills.

HOW DID YOU LEARN ABOUT OUR OFFER?

- ☐ RECOMMENDATION OF A FRIEND
- ☐ AN ADVERTISEMENT IN A NEWSPAPER
- ☐ INTERNET
- ☐ OTHER SOURCE (*please specify*) _____

THANK YOU FOR FILLING IN THE FORM 😊

WE WILL CONTACT YOU IMMEDIATELY UPON RECEIVING IT.

PLEASE REMEMBER TO ATTACH A PHOTOGRAPH.

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