

Job Order

Date Received: _____

Client Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Fax: _____ E-mail: _____

Pets (List all): _____

What position(s) are you filling?

Companion

Caregiver

CNA

Nanny

Mothers Helper

Newborn Specialist

Babysitter

Housekeeper

House Manager

Cleaning Lady

Domestic Couple

For whom is the care? _____

Special needs (medication, disability, allergies, etc.): _____

When do you want to hire a care provider: _____

Work Days/Hours preferred and list hours.

Live-In Mon. _____ Wed. _____ Fri. _____ Sun. _____

Come and Go Tue. _____ Thur. _____ Sat. _____

Comment on flexibility needed: _____

List any specific qualifications or experiences required: _____

Age preferences: 20-30 31-45 46-55 56-65

Salary range: For live-in (daily) _____ or for come and go (hourly) _____ Gross Net of Taxes

Overtime pay: Yes or No How much per hour? _____

Vacation/paid time off: Yes or No How much per hour? _____

Reimbursement for care provider own car use: _____

Additional comments/requirements: _____

Where did you hear about West Care, Inc? _____

For office use:

I have contacted WEST CARE INC. to help me find domestic help. I have reviewed the fee options and agree that if I select a candidate to hire from West Care Inc, I will agree to pay the fee in the full amount and sign the contract before the person begins working in my home. I will not attempt to hire anyone West Care Inc. sends me to an interview without processing all the necessary contracts through their office. I will not refer any of the applicants I interview to anyone for potential employment without processing the contract and fee through West Care Inc.

Accept Decline

Thank you for your time filling out our Job Order form.