



# Golden Home Care

by: DuMonde Services Management Inc®

★ Senior Care ★ Mental Health ★ Respite Care ★ Family Caregiver ★ Palliative Home Care

600-1285 W. Broadway Vancouver BC V6H 3X8 | [www.dhomecare.ca](http://www.dhomecare.ca) | [help@dhomecare.ca](mailto:help@dhomecare.ca) | +1.888.711.5824 x0

## Golden Home Care – New Employee Screening Questionnaire

Thank you for your interest in joining Golden Home Care by DuMonde. This screening questionnaire is designed to assess your qualifications, skills, and values to determine whether you're a good fit for our compassionate and professional caregiving team. Please answer all questions honestly and thoroughly.

### 1. Personal Information

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have a valid BC Driver's License?  Yes  No

Are you legally eligible to work in Canada?  Yes  No

### 2. Availability

What type of employment are you seeking?  Full-time  Part-time  Casual  Live-in

What days/hours are you available to work? \_\_\_\_\_

Are you available on weekends and holidays?  Yes  No

### 3. Qualifications and Certifications

Do you have experience providing in-home care?  Yes  No

If yes, please briefly describe your experience: \_\_\_\_\_

Do you have any of the following certifications? (Check all that apply):

First Aid / CPR

Certified Care Aide / HCA

Mental Health Training

Dementia or Alzheimer's Care Training

Palliative Care Training

Food Safe Certification

Other relevant training or certifications: \_\_\_\_\_

### 4. Background Check

Are you willing to undergo a Criminal Record Check?  Yes  No

Have you ever been convicted of a criminal offense?  Yes  No

If yes, please explain: \_\_\_\_\_

\*Protected and Secured when completed\*

Compassion with Care



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## 5. Core Values and Scenario Questions

Why do you want to work in home care? \_\_\_\_\_

Describe a time you helped someone in a meaningful way: \_\_\_\_\_

How would you handle a situation where a client is refusing care? \_\_\_\_\_

Are you comfortable working with clients with terminal illnesses?  Yes  No

Are you able to provide culturally sensitive and inclusive care?  Yes  No

## 6. References

Please list two professional references we may contact:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## 7. Declaration

I certify that the information provided above is true and complete to the best of my knowledge. I understand that false information may result in my disqualification or termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Golden Officer's comments: \_\_\_\_\_