



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 3X6 | www.dhomecare.ca | 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



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 3X6 | www.dhomecare.ca | help@dhomecare.ca | +1.888.711.5824 x0

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: _____