

Permanent Resident Card

Application Form



Dependable Caregivers
TFW Agency

A. General Information

Full Name : _____
(PLEASE USE CAPITAL)

Date Of Birth : _____ Gender : ☐ Male ☐ Female

Address : _____

Phone Number : _____ Email Address : _____

Height : _____ Eye Colour : _____ Language : _____

Status : ☐ Single ☐ Married ☐ Divorced ☐ Others

Date of Marriage : _____ Are you a retiree? ☐ Yes ☐ No

B. Passport Information

Passport Number : _____ Passport Status : ☐ Valid ☐ Expired

Issue Date: _____ Expiration Date: _____

Country of Citizenship : _____

Permanent Resident Card Number : _____

Issue Date: _____ Expiration Date: _____

Social Insurance Number : _____

C. Check List

Documents : ☐ Section D. (Work History) ☐ Section E. (Address History) ☐ Section F. (Travel History)

Other : ☐ Copy of Passport – all stamped pages ☐ Copy of PR card – Front & Back

☐ Copy of second ID – Driver's license or BCID

Photo : ☐ Second Photo : ☐

You must submit two (2) identical unaltered photos with each passport application.
Digital (electronic format) photos are unacceptable.

The photos must: be taken by a commercial photographer; be clear, sharp and in focus. Photos may be in colour or in black and white; have a neutral facial expression (eyes open and clearly visible, mouth closed, no smiling); have uniform lighting no shadows, glare or flash reflections; be taken straight on with the face and shoulders centred and squared to the camera; be taken in front of a plain white or light-coloured background to clearly distinguish the person from the background.

D. Work History

Past 5 years please leave no gaps in your history

Begin with most recent Employment

Date From: _____

Date to: _____

Organization: _____

Titles: _____

Address : _____

Country : _____

Phone Number : _____

Date From: _____

Date to: _____

Organization: _____

Titles: _____

Address : _____

Country : _____

Phone Number : _____

Date From: _____

Date to: _____

Organization: _____

Titles: _____

Address : _____

Country : _____

Phone Number : _____

Date From: _____

Date to: _____

Organization: _____

Titles: _____

Address : _____

Country : _____

Phone Number : _____

Date From: _____

Date to: _____

Organization: _____

Titles: _____

Address : _____

Country : _____

Phone Number : _____

E. Address History

Past 5 years please leave no gaps in your history

Begin with your current address

Date From: _____ Date to: _____
Address : _____
City / Town : _____ State / Province : _____
Country : _____ Postal Code : _____

Date From: _____ Date to: _____
Address : _____
City / Town : _____ State / Province : _____
Country : _____ Postal Code : _____

Date From: _____ Date to: _____
Address : _____
City / Town : _____ State / Province : _____
Country : _____ Postal Code : _____

Date From: _____ Date to: _____
Address : _____
City / Town : _____ State / Province : _____
Country : _____ Postal Code : _____

Date From: _____ Date to: _____
Address : _____
City / Town : _____ State / Province : _____
Country : _____ Postal Code : _____

F. Travel History

Past 5 years please leave no gaps in your history

Begin with your latest travel dates

Date From: _____ Date to: _____

Address : _____

City / Town : _____ State / Province : _____

Country : _____ Purpose : _____

Date From: _____ Date to: _____

Address : _____

City / Town : _____ State / Province : _____

Country : _____ Purpose : _____

Date From: _____ Date to: _____

Address : _____

City / Town : _____ State / Province : _____

Country : _____ Purpose : _____

Date From: _____ Date to: _____

Address : _____

City / Town : _____ State / Province : _____

Country : _____ Purpose : _____

Date From: _____ Date to: _____

Address : _____

City / Town : _____ State / Province : _____

Country : _____ Purpose : _____



G.Signature

Please Note: If you are 14 years of age or more but less than 18 years of age: Your application must be signed by you and one of your parents or a legal guardian.

If you are under the age of 14, your application must be signed by your parent or legal guardian only.

Print Applicant Name: _____

Signature: _____ Date : _____

Address : _____

City / Town : _____ State / Province : _____

Country : _____

Print Parent or Leagal Guardian Name: _____

Signature: _____ Date : _____

Address : _____

City / Town : _____ State / Province : _____

Country : _____

Please Submit all Applications and questions at: www.dependablecaregivers.ca