



How did you find out about our agency ? _____

Do you have family or friends in Canada ? _____

State names / address / tel # : _____

State names / address / tel # : _____

State names / address / tel # : _____

Please share any comments that you feel would be helpful to us :

AGREEMENT & AUTHORIZATION

I, _____ give full permission to Overseas Placement Services (OPS) for a reference check. I confirm that the enclosed information is true and accurate to the best of my knowledge.

I understand that Overseas Placement Services is not my employer and acts as my referral agent. I acknowledge that OPS is not responsible for any unsuccessful employment and can not be responsible for any actions in the home or with my employers.

I understand that I am to pay a non-refundable registration fee at time of submitting my file. Once accepting a job offer the balance will be due within 14 days.

I hereby relinquish all claims or possible liability from OPS and at no time will Overseas Placement Services be responsible for any damage, loss, injury or any other incident resulting from employment should this ever occur.

I agree to contact Overseas Placement Services at any time if i have any questions or concerns or if i require any information or guidance whatsoever.

I understand that there is an agreement between Overseas Placement Services and my employer and i therefore must not commence employment until i am advised by OPS that all conditions have been fulfilled.

I have read and fully understand all of this agreement.

DATE : _____ SIGNATURE OF APPLICANT : _____

DATE : _____ SIGNATURE OF WITNESS : _____