

OVERVIEW

Employers must register a domestic worker with the Employment Standards Branch within 30 days of hiring them. Domestic workers provide services like child care, cooking and cleaning in a private home. Live-in home support workers, night attendants, residential care workers and sitters don't count as domestic workers.

BEFORE YOU START

An employer can hire a domestic worker directly or through a <u>licensed employment agency</u>. If you're hiring a foreign worker, you need to <u>follow federal requirements</u> and also register to <u>hire a temporary foreign worker in B.C.</u>

Before work begins, the employer and domestic worker must sign an employment contract. The contract must include the domestic worker's work duties, hours of work, wage and payment schedule and charges for room and board, if allowed. You don't need to give a copy of this contract to the Employment Standards Branch.

Need help filling out this form? Call us toll-free at 1-833-236-3700. Someone can help you in over 140 languages.

WHAT YOU'LL NEED

To register a domestic worker with the Employment Standards Branch, you'll need to tell us the following information:

Part 1: Application Details

Information telling us if you used representatives and foreign worker programs

Part 2: About the employers

 The name, address, email address and phone number for anyone who supervises, directs work or pays the domestic worker

Part 3: If you're completing this on behalf of the employer

- Your name, phone number and email address
- How you know them

Part 4: If you have help from a representative to hire the worker

- The name, phone number and email address of the person who helped you
- If this person works for an agency, recruitment firm or other business, you'll also need:
- The legal business or organization name of their employer

Part 5: About the domestic worker

- The name, address and phone number of each domestic worker (up to 3)
- If the domestic worker does not have a phone number, the employer's home phone can be used

Part 6: Work locations

• The address of each work location

SUBMIT YOUR APPLICATION

For fast processing, we recommend submitting an online application found at:

services.labour.gov.bc.ca/HiringDomesticWorkers

You will receive an automatic email that confirms your registration.

You can also submit this application package by:

Mail: PO Box 9570

Stn Prov Govt Victoria, BC V8W 9K1

Toll-free fax: 1-855-490-0476

Email: EmploymentStandards@gov.bc.ca

The personal information on this form is collected by the Province of British Columbia for the purposes of administering and enforcing the Employment Standards Act and/or the Temporary Foreign Worker Protection Act, and under the <u>Freedom of Information and Protection of Privacy Act</u>.



PART 1 – APPLICATION DETAILS

Are you completing this form on behalf of the employer?	Yes	☐ No (Skip Part 3)
Did anyone help hire or recruit the domestic worker?	Yes	☐ No (Skip Part 4)
Was a foreign worker program used to hire the domestic worker?	Yes	□ No
COMPLETE THE FOLLOWING SECTION IF YOU ANSWERED "YES" ABOVE		
WHICH FOREIGN WORKER PROGRAM?		



PART 2 - ABOUT THE EMPLOYERS

You must provide information about the domestic worker's employer(s). **An employer is anyone who supervises, directs or pays the domestic worker**. If you have additional employers, please fill out the additional employer information. If you have more than two employers, duplicate this page or attach a document with the same form fields.

A – EMPLOYER ONE			
FIRST NAME	MIDDLE NAME (if applicable)	LAST N	NAME
OTHER KNOWN OR USED NAMES (option	nal)		
OTTENTION ON OCED WINES (Opin)	idiy		
EMAIL ADDRESS		TELEP	HONE NUMBER
B – MAILING ADDRESS			
STREET ADDRESS			
ADDDESO LINE O /ADADTMENT CHITE L	INIT ETO)		OLTV
ADDRESS LINE 2 (APARTMENT, SUITE, U	JNII, ETC.)		CITY
PROVINCE/STATE/REGION	POSTAL/ZIP CODE		COUNTRY
(if applicable)	(if applicable)		
A – EMPLOYER TWO not applicable			
FIRST NAME	MIDDLE NAME (if applicable)	LAST N	NAME
OTHER KNOWN OR USED NAMES (option	 าal)		
(i.p., i.e.,			
EMAIL ADDRESS		TELED	LIONE NUMBER
EMAIL ADDRESS		TELEP	HONE NUMBER
B – MAILING ADDRESS Same address as employer one			
STREET ADDRESS			
ADDRESS LINE 2 (APARTMENT, SUITE, U	INIT FTC)		CITY
7,651,255 22 2 (7.1171	3.111, 2.13.)		
PROVINCE/STATE/REGION	POSTAL/ZIP CODE		COUNTRY
(if applicable)	(if applicable)		
1	1		



PART 3 – ABOUT YOU

Fill out this part if you are completing this application on behalf of the employer.

FIRST NAME	LAST NAME			
EMAIL ADDRESS		TELEBUOR	IL VILIMBED	
EMAIL ADDRESS		IELEPHOI	NE NUMBER	
HOW DO YOU KNOW THE EMPLOYER?				
DADT A _ WHO HEI DED HIDE OD DECDI IT THE DOMES	TIC WODKEDS			
PART 4 - WHO HELPED HIRE OR RECRUIT THE DOMES	PART 4 – WHO HELPED HIRE OR RECRUIT THE DOMESTIC WORKER?			
Fill out this part if you had a representative help hire or recruit the domestic worker.				
Fill out this part if you had a representative help hire or recruit the d	omestic worker.			
Fill out this part if you had a representative help hire or recruit the difference FIRST NAME	omestic worker.			
FIRST NAME		TELEBUON	NE NI IMPED	
		TELEPHO	NE NUMBER	
FIRST NAME		TELEPHO	NE NUMBER	
FIRST NAME		TELEPHOI	NE NUMBER	
FIRST NAME		TELEPHO	NE NUMBER	
FIRST NAME EMAIL ADDRESS	LAST NAME	TELEPHO		□No
FIRST NAME	LAST NAME	TELEPHOI	NE NUMBER	□No
FIRST NAME EMAIL ADDRESS Does this person work for an agency, recruitment firm or other bus	LAST NAME	TELEPHO		□ No
FIRST NAME EMAIL ADDRESS Does this person work for an agency, recruitment firm or other bus COMPLETE THE FOLLOWING SECTION IF YOU ANSWERED (LAST NAME siness?			□ No
FIRST NAME EMAIL ADDRESS Does this person work for an agency, recruitment firm or other bus	LAST NAME			□ No
FIRST NAME EMAIL ADDRESS Does this person work for an agency, recruitment firm or other bus COMPLETE THE FOLLOWING SECTION IF YOU ANSWERED (LAST NAME siness?			□ No



PART 5 – ABOUT THE DOMESTIC WORKER(S)

If you need to register additional domestic workers, duplicate this page or attach a document with the same form fields.

You must provide a phone number where the domestic worker can be contacted. If the domestic worker does not have a phone number, the employer's home phone can be used

A – DOMESTIC WORKER INFORMATION				
FIRST NAME	MIDDLE NAME (if applicable)	LAST NAME		
OTHER KNOWN OR USED NAMES (optional	1)			
TMAIL ADDDESS (antional)		TELEPHONE NUMBER		
EMAIL ADDRESS (optional)		TELEPHONE NUMBER		
B – MAILING ADDRESS				
WHERE DOES THE DOMESTIC WORKER LIVE?				
☐ The employer's private residence ☐ Other accommodation provided by the ☐ Somewhere else				
	employer			
STREET ADDRESS				
ADDRESS LINE 2 (APARTMENT, SUITE, UN	NIT, ETC.)	CITY		
	POSTAL/ZIP CODE	COUNTRY		
(if applicable)	(if applicable)			



PART 6 - WORK LOCATION(S) IN B.C.

Complete this part if you have multiple business locations in British Columbia. If you require additional locations, duplicate this page or attach a document with the same form fields.

LOCATION	
STREET ADDRESS	
ADDRESS LINE 2 (APARTMENT, SUITE, UNIT, ETC.)	
CITY	POSTAL CODE
LOCATION	
STREET ADDRESS	
ADDRESS LINE 2 (APARTMENT, SUITE, UNIT, ETC.)	
	I
CITY	POSTAL CODE
L	1
LOCATION	
STREET ADDRESS	
ADDRESS LINE 2 (APARTMENT, SUITE, UNIT, ETC.)	
	I
CITY	POSTAL CODE
	1