**PCW Availability Form**

Please complete the questionnaire below and submit to the Scheduling Department. Answer all questions by printing clearly. You will only be contacted should an opening fit your availability.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Phone # |  |
| Address |  | Cell # |  |
|  |  | Email  |  |

**Transportation**

Do You:

* Own a reliable vehicle?
* Have a valid Driver License?
* Have Current auto insurance?

OR

* Use public transportation?
* Deforest
* Middleton
* Waunakee
* Monona
* West
* East
* North
* South
* Fitchburg
* Mazomanie
* Mount Horeb
* Verona
* Cottage Grove
* Deerfield
* Marshall
* Sun Prairie
* Cambridge
* McFarland
* Oregon
* Stoughton

**Population(s) you are interested in working with (check all that apply)**

* Children
* Adults
* Older Adults/Elderly
* Physically Disabled/Chronic Illness
* Cognitive/Developmental Disability
* Central

Areas of **Madison** where you prefer to work: (check all that apply)

Areas of **Dane County** where you prefer to work (check all that apply)

Do you have experience with the following (please check if appropriate) □ Ostomy □ Bowel Program □ Catheter Care □ Hoyer Lift □ Easy Stand □ Slide Board □ Gait Belt. Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any languages other than English you speak: (including ASL) \_\_\_\_\_\_\_\_\_

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Do you have allergies to cats, dogs, smoke, dust, etc. □ Yes □ No

Please explain ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you comfortable working in homes with cats, dogs, smoke, dust, etc. □ Yes □ No

­­­­­­Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List the times you are available to work (every other weekend may be required). Be as accurate as possible when completing this section as this will be used to create a work schedule, should you pass the screening process. **Changes to the availability below will not be accepted for 90 days after you attend New Hire Orientation.**

Night 7p-10p

Preferred number of hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_ Weekend: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please write times you are available to work: (example: Mon. 7a-9a 9a-12p 2p-3:30p)

Morning 6a-9a

Afternoon 12p-4p

Evening 4p-7p

Mid-Morning 9a-12p

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Mon.

Tues.

Wed.

Thurs.

Fri.

Please indicate weekend preference: Every Weekend Every Other Weekend

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Sat.

Sun.

Please list unavailable schedule times and reason: (example: Mon-Fri 9a-5p other job, Tue/Thurs/Fri 8a-3p school, etc.)

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**By signing below, I acknowledge that my availability and preferences are true. I understand that Community Living Alliance is considering me for employment based partly on my availability and preferences that I have indicated on this form. I understand that my availability and preferences will be taken into consideration when developing a work schedule; however, in order to maintain employment I may be required to work outside of my preferences. Furthermore, I understand that if I am unable to fulfill the availability and preferences I have indicated on this form, Community Living Alliance cannot guarantee any available shifts. Finally, my signature indicates my agreement to my availability and preferences listed above which cannot be changed for the first 90 days of employment without prior approval. Changes to my availability beyond the first 90-days of employment will require a 2-week notice. I understand that schedule changes can only be made and approved through the scheduling department. I understand that this is not a contract of employment.**

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

Today’s Date: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_