



**Community
Living Alliance
PCW Availability form**

Internal use only
<input type="checkbox"/> Unmatched
<input type="checkbox"/> Matched
<input type="checkbox"/> HR

Effective Date: _____

Please answer all questions and print clearly. Schedulers will get in touch with you by your preferred method of contact within 2-4 business days. All forms inaccurately filled will delay the matching process.

First Name:	Last Name:
Address:	
Phone # <input type="checkbox"/> Cell Phone <input type="checkbox"/> Land line	Email Address:

Transportation: Own a Reliable Vehicle? Use Public transportation

Client Population you prefer to work with? Children (18 & Under) Adults (18+)

Housekeeping (Cleaning, Laundry, Grocery assistance, Meal Prep)

Please list any languages other than English you speak: _____

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

Central East North South West

Areas of Dane County where you prefer to work: (Check all that apply)


<input type="checkbox"/> Deforest	<input type="checkbox"/> Monona	<input type="checkbox"/> Deerfield	<input type="checkbox"/> Mazomanie
<input type="checkbox"/> Middleton	<input type="checkbox"/> Cambridge	<input type="checkbox"/> Marshall	<input type="checkbox"/> Mount Horeb
<input type="checkbox"/> Waunakee	<input type="checkbox"/> McFarland	<input type="checkbox"/> Fitchburg	
<input type="checkbox"/> Sun Prairie	<input type="checkbox"/> Cottage Grove		

Do you have any environmental allergies or are sensitive to smoke? Yes No

Notes: _____

Some Client have pets are you ok to work with pets? Yes No,

If No, reason _____.



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Experience of cares:

- Catheter bag Ostomy Bowel Program Hoyer Lift Easy stand Slide Board
 Gait belt; List any other transfers or cares you have experience with:
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Availability, List the time frame you can work on the days you are available:

Typical shifts are during Morning, Lunch, Dinner and Bed, most housekeeping are in the middle of the day.

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

- Every Weekend Every other weekend

Total Hours per week: _____

Please list any days/times you are absolutely not available to work:

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: _____ Date: _____