



Community Living Alliance Availability Form

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:			
Contact Information:	Phone:		
	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Land Line		
	Email:		
		Preferred Method of Contact: <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text Message	
Languages Spoken Other than English:			
Transportation:		<input type="checkbox"/> Utilize Own Vehicle <input type="checkbox"/> Public Transportation <input type="checkbox"/> Taxi, Uber, Lyft <input type="checkbox"/> Other Assistance: _____	

Please Indicate Your Experience in the following Categories:

Cares & Activities of Daily Living:

- | | | |
|---|---|---|
| <input type="checkbox"/> Ostomy | <input type="checkbox"/> Showering | <input type="checkbox"/> Grooming |
| <input type="checkbox"/> Bowel Program | <input type="checkbox"/> Toileting | <input type="checkbox"/> Shaving |
| <input type="checkbox"/> Incontinent Care | <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Brushing Teeth |
| <input type="checkbox"/> Cath Care | <input type="checkbox"/> Meal Prep | <input type="checkbox"/> Brushing Hair |

Lifts/Transfers:

- ☐ Hoyer (Independently)
- ☐ Pivot Transfer
- ☐ Easy Stand
- ☐ Slide Board
- ☐ Gait Belt

Care Setting w/ # of Years:

- ☐ In-Home Care _____
- ☐ Nursing Home _____
- ☐ Assisted Living _____
- ☐ Group Home _____
- ☐ Staffing Agency _____

Populations:

- ☐ Children
- ☐ Adults
- ☐ Elderly

Disabilities:

- ☐ Physical
- ☐ Cognitive

Other Relevant Experience or Certifications:

I would like to learn or be trained on:

Please Indicate Your Preferences in the following Categories:

Population:

- ☐ Children (18 & Under)
☐ Adults (18-60)
☐ Elderly (60+)
☐ Housekeeping/Grocery

Environmental:

- ☐ Smoke/Vape in Home OK
☐ Cat in Home OK
☐ Dog in Home OK

If no to either, please explain below:

Geographical

Madison:

- ☐ East
☐ North
☐ South
☐ West

Other Dane County Areas:

- ☐ DeForest
☐ Middleton
☐ Waunakee
☐ Sun Prairie
- ☐ Monona
☐ Cambridge
☐ McFarland
☐ Cottage Grove
☐ Deerfield
- ☐ Marshall
☐ Fitchburg
☐ Mazomanie
☐ Mount Horeb

Availability:

Availability Window	6a-8a	8a-10a	10a-12p	12p-2p	2p-4p	4p-6p	6p-8p	8p-10p	All Day
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									
Sun									

Weekend Availability - ☐ Every ☐ Every Other

Total Hours Per Week Preferred _____

By signing below, I acknowledge that my availability and preferences are true. I understand that Community Living Alliance (CLA) 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: _____