



**Community  
Living Alliance  
PCW Availability form**

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

Effective Date: _____
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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.

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

**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 \_\_\_\_\_.



# Community Living Alliance PCW Availability form

## 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:

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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: \_\_\_\_\_ Date: \_\_\_\_\_