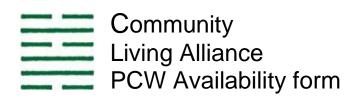


Interi	nal use only Unmatched Matched HR	
Effective Date:		

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 # ☐ Cell Phone ☐ Land line		Email Address:	
Transportation: ☐ Owi	n a Reliable Vehicle	? □ Use Public transp	ortation
Client Population you	prefer to work with	? 🗆 Children (18 & Ur	nder) 🗆 Adults (18+)
☐ Housekeeping (Clea	ning, Laundry, Groo	cery assistance, Meal I	Prep)
Please list any languac	ies other than Engli	sh vou speak:	
	, == = =	y = a = p = a	
Areas of Madison whe	re you prefer to wo	rk: (Check all that ann	
	•		<u> </u>
	□ North □ Sout		
Areas of Dane County	where you prefer to	o work: (Check all that	t apply)
□ Deforest	☐ Monona	☐ Deerfield	☐ Mazomanie
☐ Middleton	☐ Cambridge	☐ Marshall	☐ Mount Horeb
☐ Waunakee	☐ McFarland	☐ Fitchburg	
☐ Sun Prairie	☐ Cottage Grove		
Do you have any enviro	onmental allergies or	are sensitive to smoke	? □ Yes □ No
Notes:			
Some Client have pets a	re you ok to work w	ith pets? ☐ Yes ☐ No,	
If No. reason			



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:	
	-
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.	e
Signature:Date:	