



# Availability Sheet

**NAME:** \_\_\_\_\_

Please complete the following schedule and provide times that you are able to work for Comfort Keepers. We provide services 24 hours a day, 7 days a week. How you complete this form is very important. The work hours that are provided for you by Comfort Keepers are driven by two primary business issues; the needs of the clients and your availability to work.

|                                                                      | Mon | Tues | Wed | Thurs | Fri | Sat | Sun. |
|----------------------------------------------------------------------|-----|------|-----|-------|-----|-----|------|
| 6:00AM                                                               |     |      |     |       |     |     |      |
| 7:00AM                                                               |     |      |     |       |     |     |      |
| 8:00AM                                                               |     |      |     |       |     |     |      |
| 9:00AM                                                               |     |      |     |       |     |     |      |
| 10:00AM                                                              |     |      |     |       |     |     |      |
| 11:00AM                                                              |     |      |     |       |     |     |      |
| 12:00PM                                                              |     |      |     |       |     |     |      |
| 1:00PM                                                               |     |      |     |       |     |     |      |
| 2:00PM                                                               |     |      |     |       |     |     |      |
| 3:00PM                                                               |     |      |     |       |     |     |      |
| 4:00PM                                                               |     |      |     |       |     |     |      |
| 5:00PM                                                               |     |      |     |       |     |     |      |
| 6:00PM                                                               |     |      |     |       |     |     |      |
| 7:00PM                                                               |     |      |     |       |     |     |      |
| 8:00PM                                                               |     |      |     |       |     |     |      |
| 9:00PM                                                               |     |      |     |       |     |     |      |
| 10:00PM                                                              |     |      |     |       |     |     |      |
| 11:00PM                                                              |     |      |     |       |     |     |      |
| 12:00AM                                                              |     |      |     |       |     |     |      |
| <i>Indicate time available for overnight shift. Example: 7p – 7a</i> |     |      |     |       |     |     |      |
| <b>Overnight</b>                                                     |     |      |     |       |     |     |      |

**Total Requested Hours per Week**

Ideal \_\_\_\_\_

Minimum \_\_\_\_\_

Maximum \_\_\_\_\_

I understand that the more I am available to work the greater likelihood that my hours will meet my requests.

\_\_\_\_\_ Initials

**Please specify which HOLIDAYS you would be able to work.**

New Years Eve (after 5pm) \_\_\_\_\_ New Years \_\_\_\_\_ Easter \_\_\_\_\_ Memorial Day \_\_\_\_\_  
 4<sup>th</sup> of July \_\_\_\_\_ Labor Day \_\_\_\_\_ Thanksgiving \_\_\_\_\_ Christmas Eve (after 5pm) \_\_\_\_\_ Christmas \_\_\_\_\_

I am willing to work short shifts (3-4 hours) **Yes / No**

I am willing to work long shifts (8,10,12 hours) **Yes / No**

I am willing to travel \_\_\_\_\_ miles from home to a client assignment.

Are you willing to do temporary fill-in hours until the hours you want become available? **Yes / No**

Are you available to be on-call for additional hours? **Yes / No**

Are you a current state tested nursing assistant? **Yes / No Exp Date:**

This sheet designates the times that I am committing myself to be available to work for Comfort Keepers. By signing this sheet, **I acknowledge that the decision to hire me will be based in part on the above availability.** I agree any changes to my availability must be approved and signed by my supervisor. I understand that there is no guarantee of hours if I am offered a position with Comfort Keepers. I understand that it can take time to reach and sustain my desired number of hours per week and that multiple factors affect this goal including my availability, client requests, my skills, and my ability to please the clients to whom I am assigned. Nothing in this statement is to be construed as a direct, implied or inferred contract of employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date