Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Please Indicate the Days and Times you are Available to Work:** |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| * AM
* PM
* NOC
 | * AM
* PM
* NOC
 | * AM
* PM
* NOC
 | * AM
* PM
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* NOC
 | * AM
* PM
* NOC
 |
| *If possible, please specify hours avaiable to work per day* |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| What are the minimum number of hours you would like to work weekly? \_\_\_\_\_\_\_\_\_\_ | What is the maximum number of hours you would like to work weekly? \_\_\_\_\_\_\_\_\_\_ |
| What is the best contact number to reach you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | What is the best way to contact you? **Call / Text / Email / Other**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How far are you wiling to drive? : \_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ***What is your preferred work location?****This area will not be guaranteed, but will help us understand your preferred area (please select all that apply)* |
| * **Northwest Metro** *(Brooklyn Park, Maple Grove, Plymouth,*
 | * **Southeast Metro** *(Inver Grove Heights, Mendota Heights, Cottage Grove, Hastings)*
 |
| * **North Metro** (Roseville, Shoreview, Coon Rapids, Lino Lakes)
 | * **South Metro** *(Eagan, Apple Valley, Burnsville, Savage, Lakeville, Farmington, Prior Lake)*
 |
| * **Northeast Metro** *(White Bear Lake, Oakdale, Stillwater, Forest Lake, Maplewood, Roseville)*
 | * **Southwest Metro** *(Eden Prairie, Shakopee, Chaska, Chanhassen)*
 |
| * **East Metro** *(Woodbury, Lake Elmo, West St. Paul, Afton)*
 | * **West Metro** *(Wayzata, Minnetonka, St. Louis Park, Richfield, Edina, Bloomington)*
 |

 |

**In order to match you with the best-fit client, please select your experience and match crtieria below:**

|  |  |  |
| --- | --- | --- |
| * Dementia Experience
* Driver (w/ Valid License)
* Hospice Experience
* OK with Client Smoking
 | * OK with Cats
* OK with Dogs
* Likes to Play Games
* Likes to Prepare Meals/Cook
 | * Likes to Play / Listen to Music
* Likes to Read
* Likes to Style Hair
* Likes to Watch Movies / TV
 |

*Based on your availability and answers above, a schedule will be created that fits within your requirements. By signing below, you indicate the above information is as accurate as possible at this time, and that you understand you will be scheduled to working within these parameters:*

|  |  |
| --- | --- |
| Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*RN Manager to review availability, clarify any information, and confirm any additional competencies below:*

|  |  |
| --- | --- |
| * Blood Glucose Monitoring
* Certified Nursing Assistant
* EZ Stand
* Medication Administration
 | * Hoyer Lift Experience
* Oxygen
* Sliding Board
* Urinary Catheter
 |

|  |  |
| --- | --- |
| RN Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |