

Work Availability Form

Please check yes or no for each:

	Yes	No
35-40 Hours per Week	<input type="checkbox"/>	<input type="checkbox"/>
20-34 Hours per Week	<input type="checkbox"/>	<input type="checkbox"/>
Less than 20 Hours per Week	<input type="checkbox"/>	<input type="checkbox"/>
Weekends	<input type="checkbox"/>	<input type="checkbox"/>
Split Shifts	<input type="checkbox"/>	<input type="checkbox"/>
On Call	<input type="checkbox"/>	<input type="checkbox"/>
Early mornings (Starting at 6 A.M.)	<input type="checkbox"/>	<input type="checkbox"/>
Late Evenings or Nights	<input type="checkbox"/>	<input type="checkbox"/>
Anytime/Any Hours	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____

Signature: _____

Date: _____