



266 Broadway Suite 502
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www.advancedcarestaffing.com

We take staffing close to our heart.

AVAILABILITY FORM

NAME: _____ DATE: _____

POSITION: _____

CONTACT INFORMATION:

Address: _____

Cell No: _____

Phone No.: _____

AVAILABILITY: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

7AM-3PM 3PM-11PM 11PM-7AM

Every other weekend Every weekend

On-call

NOTE:

Full-time employees must render at least five (5) shifts while part-time employees must give at least two (2) shifts in a week.

The above-mentioned employee **MUST BE AVAILABLE** as this completed form indicates.

SIGNATURE: _____ DATE: _____