

**MAK HEALTHCARE INC**

**EMPLOYEE STAFFING SHEET**

---

Employee Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employee Address:

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Availability**

Which of the following hours are you willing to work?

- Full-time (35-40 hrs/wk)
- Casual/ On-call
- Will consider any option
- Part-time (20-34 hrs/wk)
- Will consider any part-time option
- Will consider part-time or full-time
- Part-time (4-19 hrs/wk)
- Other \_\_\_\_\_

Which of the following shifts are you willing to work:

- Day
- Evening
- Night

Which days of the week are you willing to work?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Other availability notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Travel/ Work Location**

Distance you are willing to travel or areas you would prefer to work in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Experience and Special Skills**

\_\_\_\_\_

\_\_\_\_\_

---

---

---

---