

Care Associate Availability

Form 1204 — Pre-Hire

ShiftNPay / Mastercare

Personal Information

Name	Position
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Cell Phone	Home Phone
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	

Areas Available to Work

Areas I can workRow1
<input type="text"/>
Areas I can workRow2
<input type="text"/>
Areas I can workRow3
<input type="text"/>
Areas I can workRow4
<input type="text"/>
Areas I can workRow5
<input type="text"/>
Areas I can workRow6
<input type="text"/>

Additional Notes

1
<input type="text"/>
2
<input type="text"/>
3
<input type="text"/>

4

5

Weekly Availability (AM/PM)

Sun AM

Sun PM

Mon AM

Mon PM

Tue AM

Tue PM

Wed AM

Wed PM

Thu AM

Thu PM

Fri AM

Fri PM

Sat AM

Sat PM