

Scheduling & Availability Questionnaire



Please answer the following questions. The information you provide will assist us in scheduling you for the assignments you prefer.

Name	
Position	

Area (s) you prefer to work in and/or travel to: _____

Are you interested in: Per Diem/PRN _____ Part Time _____ Full Time _____

Indicate the length of time you have worked in the following areas:

Med/Surg	_____	E.R.	_____	Peds	_____
ICU	_____	O.R.	_____	Ortho/Peds	_____
CCU	_____	C.S.U.	_____	Neurosurg	_____
Psych	_____	Nursing Home	_____	Out-Patient	_____
In-Patient	_____	Home Care	_____	Other	_____

Are there any assignments you dislike? _____

Preferred Shifts: 7a-3p _____ 3p-11p _____ 11p-7p _____
7a-7p _____ 7p-7a _____
Other (please specify) _____

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____