



Emergency Contact & Availability

Keep this on file for scheduling and in case of emergency.

◆ EMPLOYEE

FULL NAME

PHONE

EMAIL

HOME ADDRESS

CITY / ZIP

◆ EMERGENCY CONTACTS

CONTACT NAME

RELATIONSHIP

PRIMARY PHONE

ALTERNATE PHONE

SAME HOUSEHOLD?

CONTACT NAME

RELATIONSHIP

PRIMARY PHONE

ALTERNATE PHONE

SAME HOUSEHOLD?

MEDICAL ALERTS / NOTES (OPTIONAL)

◆ AVAILABILITY

Mark the days and times you are generally available for assignments.

	MON	TUE	WED	THU	FRI
AM	☐	☐	☐	☐	☐
PM	☐	☐	☐	☐	☐
Full day	☐	☐	☐	☐	☐

AVAILABLE FOR SHORT-NOTICE / SUBSTITUTE ASSIGNMENTS? ☐ Yes ☐ Sometimes ☐ No

MAX TRAVEL DISTANCE (MI)

PREFERRED AREAS / CITIES

◆ SIGNATURE

EMPLOYEE SIGNATURE

DATE