

Employee Availability Form

Applicant Name: _____

This availability form is helpful for CFS, Inc. to determine the hours you are available to work and where in the Richmond area you are willing to travel. Please answer the following questions to assist in matching a client's needs to your availability.

Do you currently have a full-time job? _____

If so, what hours and days do you normally work? _____

Are you interested in working on a part-time or full-time basis? _____

If part-time, how many hours per week are you willing to work? _____

Please CIRCLE the days and LIST the hours BY DAY you are available to work. Be Specific – Remember we will match your availability to the clients' needs.

M_____ Tu_____ W_____ Th_____ F_____ Sa_____ Su_____

Do you have experience with individuals who are/were diagnosed with MR and/or DD? (This is not exclusively related to employment- personal or classroom experience should be included.) **Yes No**

If yes, be specific. Include dates and responsibilities. _____

Do you have relevant work experience with clients who are/were diagnosed with mental health issues? **Yes No**

If so, in what capacity? _____

What counties/towns/areas are you willing to work in?

____ Richmond ____ Short Pump ____ Glen Allen (Va. Center area) ____ Highland Springs

____ Mechanicsville ____ Henrico (Any) ____ Goochland

____ Powhatan ____ Chesterfield ____ Midlothian ____ Chester ____ Colonial Heights

____ Hopewell ____ Greenville ____ Hanover (Any) ____ Petersburg ____ Dinwiddie

____ Prince George ____ Surry ____ Sussex ____ Emporia ____ Other _____

Are you certified in any behavioral intervention? **Yes No**

If so, what type? _____ Expiration date: _____

Are you currently certified in CPR? **Yes No** Expiration date: _____

Are you currently certified in First Aide? **Yes No** Expiration Date: _____

Are you comfortable working with aggressive clients? **Yes No**

Are you comfortable working with children? **Yes No**

Are you comfortable working with people with autism? **Yes No**

CREATIVE FAMILY SOLUTIONS, INC.
2114 Spencer Road, Suite D
Richmond, VA 23230
(804) 288-8700. Fax (804) 288-8747

REFERENCE RELEASE FORM

I have applied for employment with Creative Family Solutions, Inc. and have listed you as an employer. Please provide answers to the following questions and return this form in the enclosed envelope or fax to the above number. By this authorization, I hereby release you from any liability or action based upon the content of your answers.

** _____ ** ** _____ ** ** _____ **
APPLICANT SIGNATURE DATE SOCIAL SECURITY NUMBER

****Only complete these items.**

DO NOT WRITE BELOW THIS LINE. FOR EMPLOYER USE ONLY.

Employer Name _____

Title _____

Dates of employment: _____ to _____

Why did the applicant leave your employment?

Is the applicant eligible for re-hire? _____ Yes _____ No

Comments:

Please rate applicant on the following characteristics:

	Poor	Fair	Average	Above Average	Outstanding
Quality of work					
Ability to work with minimal supervision					
Attendance					
Dependability					
Cooperativeness					

Additional comments: _____

Signature of person completing form _____

Date _____

Title of person completing form _____

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Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:	Check the block for the highest level of education you have completed (check only one):	Check the appropriate block:
<input type="checkbox"/> White (not Hispanic or Latino) (includes Arabian) Origins of Europe, Middle East, North Africa	<input type="checkbox"/> Less than 8th grade	<input type="checkbox"/> Female
<input type="checkbox"/> Black or African American (not Hispanic or Latin) Origins of black racial groups of Africa of African but not Hispanic or Arabian descent)	<input type="checkbox"/> Completed 8th grade	<input type="checkbox"/> Male
<input type="checkbox"/> Hispanic or Latino : (Puerto Rican, Central or South American, Mexican or other Spanish origin or culture)	<input type="checkbox"/> Attended high school	
<input type="checkbox"/> American Indian or Alaskan (not Hispanic or Latino) North, South America & Central America	<input type="checkbox"/> High school graduate or equivalent	
<input type="checkbox"/> Asian , (not Hispanic or Latino) Far East, Southeast Asia, Indian Subcontinent (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, Vietnam)	<input type="checkbox"/> Attended college and/or associate degree	
<input type="checkbox"/> Native Hawaiian/Pacific Islander (not Hispanic or Latino) Hawaii, Guam, Samoa, Pacific Islands	<input type="checkbox"/> College graduate	
<input type="checkbox"/> Two or more races (not Hispanic or Latino) A person who identifies more than one of the above races	<input type="checkbox"/> Attended graduate school	
	<input type="checkbox"/> Master's degree	
	<input type="checkbox"/> Graduate study beyond master's requirements	
	<input type="checkbox"/> Ph.D. or professional degree	

FOR OFFICE USE ONLY

EEO
Category

Check the block for Veteran Status group with which you might identify

- Veteran
- Vietnam Veteran
- Disabled Veteran

Please indicate your date of birth: _____

Position applied for: _____

Date of this application: _____

How did you find out about this employment opportunity?

- Newspaper*
- Radio/TV*
- VEC
- Agency Bulletin Board
- Other (please specify)

*specify name of newspaper or other media