



Trinity Development Center  
Medina Residential Care Services



MEDINA HOME CARE

**EMPLOYEE AVAILABILITY  
FACILITY OPERATES 24 HOURS, 7 DAYS PER WEEK**

**APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

CHECK THE BOX THAT APPLIES TO YOUR AVAILABILITY. BE SPECIFIC WITH THE HOURS YOU ARE AVAILABLE. IF HIRED THERE WILL BE NO CHANGING OF YOUR AVAILABILITY.

**DO YOU HAVE ANY LIMITATIONS TO YOUR AVAILABILITY?**  **YES**  **NO**  
*IF YOU ANSWERED YES, PLEASE EXPLAIN WHY YOU HAVE A LIMITED AVAILABILITY*

\_\_\_\_\_  
\_\_\_\_\_

- SUNDAY:**       ANY       OVERNIGHT       FROM: \_\_\_\_\_ TO \_\_\_\_\_
- MONDAY:**     ANY       OVERNIGHT       FROM: \_\_\_\_\_ TO \_\_\_\_\_
- TUESDAY:**     ANY       OVERNIGHT       FROM: \_\_\_\_\_ TO \_\_\_\_\_
- WEDNESDAY:**  ANY       OVERNIGHT       FROM: \_\_\_\_\_ TO \_\_\_\_\_
- THURSDAY:**    ANY       OVERNIGHT       FROM: \_\_\_\_\_ TO \_\_\_\_\_
- FRIDAY:**       ANY       OVERNIGHT       FROM: \_\_\_\_\_ TO \_\_\_\_\_
- SATURDAY:**     ANY       OVERNIGHT       FROM: \_\_\_\_\_ TO \_\_\_\_\_

**This sheet remains in effect for the duration of your employment, unless otherwise approved by an Authorized Administrator, at which time you will need to request an Availability form.**

**APPLICANT SIGNATURE FOR INITIAL AVAILABILITY:** X