



WORK AVAILABILITY

NAME: _____

TELEPHONE: _____

DAYS AND HOURS:

COMMENTS:

___ Saturday ___AM ___PM _____

___ Sunday ___AM ___PM _____

___ Monday ___AM ___PM _____

___ Tuesday ___AM ___PM _____

___ Wednesday ___AM ___PM _____

___ Thursday ___AM ___PM _____

___ Friday ___AM ___PM _____

Are Pets OK? ___YES ___NO _____

Is Smoking OK? ___YES ___NO _____

Kosher Experience? ___YES ___NO _____

Is vehicle available for work? ___YES ___NO _____

Shift Preference: 4 hour 8 hour 12 hour Live-In

Location(s): Brooklyn Queens Manhattan Bronx

Buffalo Long Island Staten Island Other _____