



AVAILABILITY

NAME: _____ PHONE: _____

- **ARE YOU INTERESTED IN WORKING WITH RELIANCE PROVIDING MEDICARE BATH VISITS?**

YES _____ NO _____

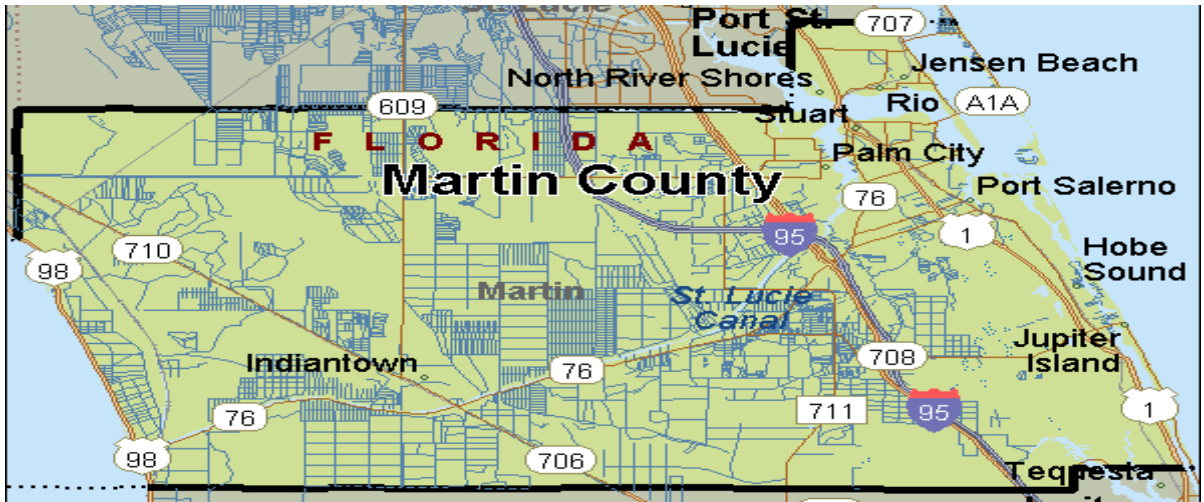
- **ARE YOU INTERESTED IN WORKING WITH RELIANCE PROVIDING:**
PRIVATE DUTY SHIFTS _____ HOURLY SHIFTS _____ LIVE-IN _____

- **IN WHAT AREAS ARE YOU WILLING TO WORK?
(PLEASE CIRCLE ALL THAT APPLY)**

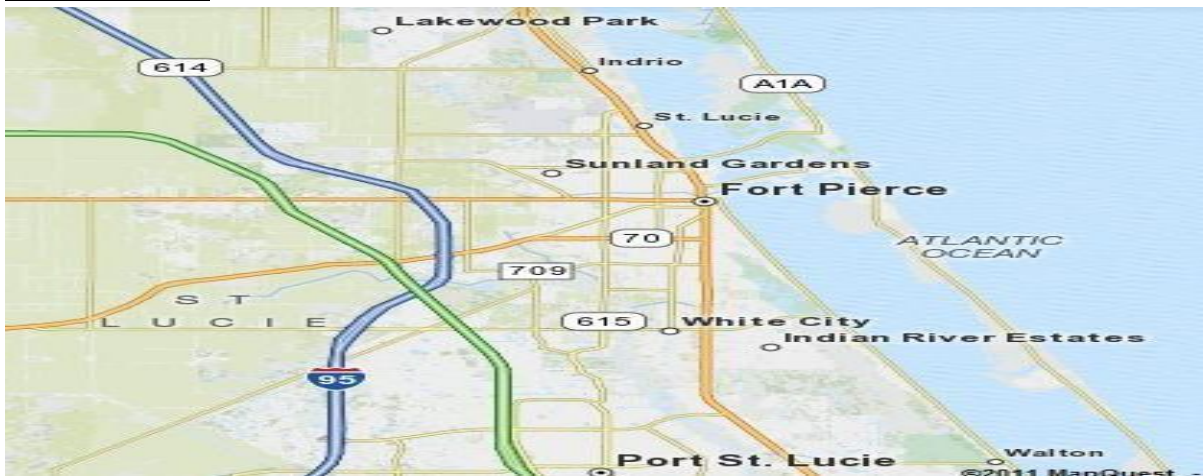
PALMBEACH CO:



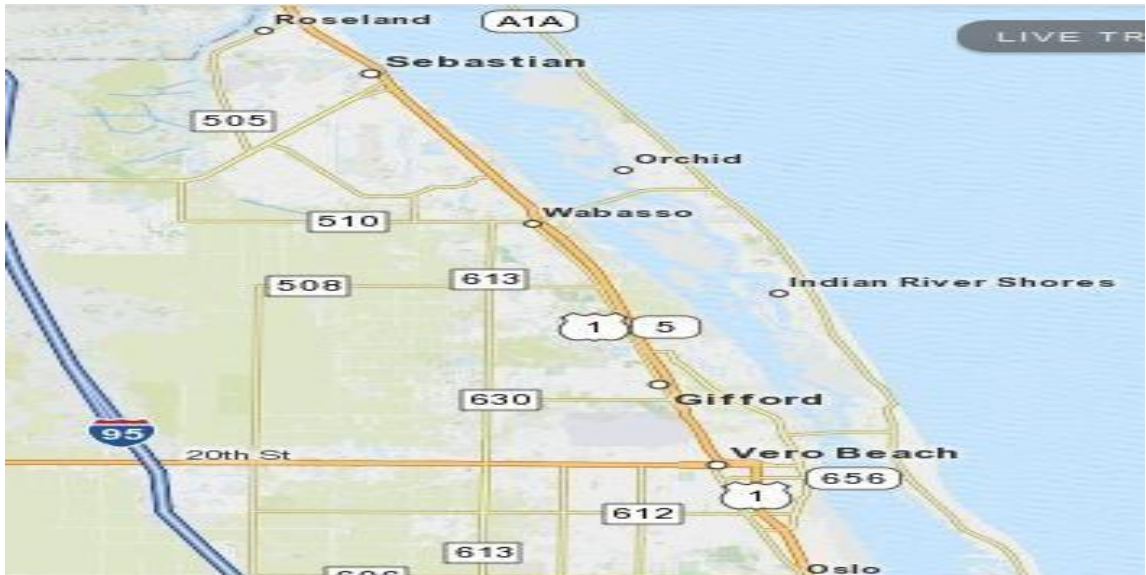
MARTIN CO:



ST. LUCIE CO:



INDIAN RIVER CO:



OKEECHOBEE CO:



• **WHEN ARE YOU AVAILABLE TO WORK?**

CAN	CANNOT
MON:	MON:
TUE:	TUE:
WED:	WED:
THUR:	THUR:
FRI:	FRI:
SAT:	SAT:
SUN:	SUN:

Other: _____

 EMPLOYEE SIGNATURE

 DATE

Please fax to:

561-687-7446