



WORK PREFERENCES

Name: _____ Date: _____

Please rank your response by numbering in order of importance:

Shift preference ___ Mornings ___ Afternoons ___ Midnight's

Day preference ___ M ___ T ___ W ___ TH ___ F ___ SA ___ SU

Do you prefer 8, 10 or 12 hour shifts? ___ 8 hour ___ 10 hour ___ 12 hour

Please circle your response:

Shift presently working: Mornings Afternoons Midnight's

Do you want holiday shifts? Yes No

Can you work weekends? Yes No

Circle one or more preferred units that you have at least 2 years **current experience** in:
Ambulatory Care, Ambulatory OR, Behavioral Health, CATH Lab, CCU, Correctional, Emergency – Level 1, Emergency – Level 2, Endoscopy, Flight, Certified Home Care, Private Home Care, Hemodialysis, Hospice, ICU, IMC, Legal Consultation, Long Term Care, Med-Surge, Medical ICU, Mom-Baby, Occupational, Oncology, OR, PACU, Pediatric Oncology, PEDS, PICU, Quality Assurance, REHAB, School, Thoracic ICU, Trauma-Burn

Any others? _____

Hospital/Geographical preference _____

Can we contact you at work? Yes No

Can we call you for short notice shifts? (Less than four hours) Yes No

Who referred you to **INNOVATIONS**? _____

Please share your comments or suggestions that will aid us in better meeting your needs:

Facility 1: _____

Facility 2: _____

Facility 3: _____

*** Please note: All orientations are paid at a standard \$20/hr rate.**