

Are you looking for shifts?

If you would like to be considered for relief shifts please complete this form and fax it to the CLS office at 604-451-5708. Thank you.

EMPLOYEE #	LAST NAME:	FIRST NAME:
PHONE #:	CELL#:	

PREFERRED LOCATIONS (PLEASE CHECK ALL APPLICABLE)

NORTH SHORE	<input type="checkbox"/>	SURREY	<input type="checkbox"/>
NEW WESTMINSTER	<input type="checkbox"/>	BURNABY	<input type="checkbox"/>
STEVESTON	<input type="checkbox"/>	COQUITLAM	<input type="checkbox"/>
MISSION	<input type="checkbox"/>	CHILLIWACK	<input type="checkbox"/>
ABBOTSFORD	<input type="checkbox"/>	LANGLEY	<input type="checkbox"/>

YES, I have the use of a reliable vehicle during work hours

YES, I have a valid drivers license Class: _____

YES, I know ASL (American sign Language) Level: _____

THE HOURS I AM AVAILABLE ARE (PLEASE CHECK ALL APPLICABLE)

	<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THU</u>	<u>FRI</u>	<u>SAT</u>	<u>SUN</u>
Morn (7am-11am)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day (9am-3pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Even (4pm-11pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I currently work at the following locations: _____.

I currently work approximately _____ number of hours per week.

Is there anything else we should know about you?
