

Client – Candidate Matching Sheet

Name of Applicant _____ City _____ Zip Code _____

Are you looking for:

- Full-time employment
- Part-time employment
- Either Full-time or Part-time

What is your availability:

- Monday:
 - Available as early as _____
 - Can work as late as _____
- Tuesday:
 - Available as early as _____
 - Can work as late as _____
- Wednesday:
 - Available as early as _____
 - Can work as late as _____
- Thursday:
 - Available as early as _____
 - Can work as late as _____
- Friday:
 - Available as early as _____
 - Can work as late as _____
- Saturday:
 - Available as early as _____
 - Can work as late as _____
- Sunday:
 - Available as early as _____
 - Can work as late as _____

Do you have car to drive yourself to / from clients?

Do you have experience with:

- Senior care Y/N _____ How Many years? _____
- Adults with disabilities Y/N _____ How Many years? _____
- Children (under 18) with disabilities Y/N _____ How Many years? _____

Do you have a client preference (Seniors? Children with disabilities? Others?)

What are your requirements for compensation?

- Between \$____/ hour and \$____/ hour

What certifications do you have: Do you have the following certifications?

- CPR: YES, current NO, never had NO, expired
- First Aid: YES, current NO, never had NO, expired
- Article 9: YES, current NO, never had NO, expired
- C.N.A.: YES, current NO, never had NO, expired
- Others: _____

Fingerprint Clearance Card: YES, current
NO, never had
NO, expired