

**LINCOLN COUNTY
EMERGENCY MEDICAL SERVICES**

AVAILABILITY QUESTIONNAIRE

Name _____

A. Are you available to work 24 hours (Part-time) or 48 hours (Full-Time) per week?
[] Yes [] No

If no, what is your availability

Note: **Answering NO does not disqualify you from the assessment process.**

B. Are you available to work (check all that apply)

- [] Night Shifts
- [] Day Shifts
- [] Weekends
- [] Holidays
- [] Split Shifts

C. Do you need special scheduling arrangements? [] Yes [] No

(Need to work around another job, cannot work certain days, cannot work nights, specific shift to match spouse's schedule, etc.)

If yes, please explain:

Note: **Answering YES does not disqualify you from the assessment process.**

Signature _____ Date _____