

**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 spouses schedule, etc.)

If yes, please explain:

---

---

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

Signature \_\_\_\_\_ Date \_\_\_\_\_