



CareerSource Brevard Healthcare Job Placement Assistance Form

Use this form to request job placement assistance from CareerSource Brevard for a Caregiver/Nursing profession

Name: _____ Email: _____

Phone Number: _____ Are you between the ages of 17-24? **Yes** **No**

I am **graduating** **certified** as a: _____ Other: _____

Projected Graduation Date: _____ Projected Certification Test Type and Date: _____

Select which service(s) from CareerSource Brevard you are interested in learning more about:

Do you have a current resume in employflorida.com? **Yes** **No**

Are you currently working with a Career Counselor at CareerSource Brevard? **Yes** **No**

Employment information if you are currently working:

Employer: _____

Job Title: _____ Hourly Wage: _____ Hours Per Week: _____

Do you intend to remain with this employer after graduation? **Yes** **No** **N/A**

How soon after graduation/certification do you intend to begin looking for work?

What is your work schedule availability/preference? **Select all that apply:**

Monday-Friday: Days Nights Overnights Not Available

Saturday: Day Night Overnight Not Available

Sunday: Day Night Overnight Not Available

Other schedule comments or preferences (start time, end by time, days off, etc):

Do you intend to work for more than one company at a time? **Yes** **No** **I Am Open To It**

Where do you most desire to work? **Private Home*** **Rehab Facility** **Assisted Living Facility/Nursing Home**

Hospital **Anywhere** **Other** _____ **Note: You may select multiple.**

*Most in home positions will require a valid driver's license

Do you have a valid driver's license? **Yes** **No**

Do you have a clean driving record? **Yes** **No** **Brief Details If No** _____

Do you have proof of car insurance and access to a vehicle to use for your full shift? **Yes** **No**



Do you have any desired employers? List below: **Yes** **No**

Which populations are you open to caring for?: **Elderly** **Youth** **Mentally Impaired** **Any/All**

Other _____ Note: You may select multiple.

What location would you prefer to work? (list cities, zip codes or streets that work best for your circumstances)

What is your desired type of employment?

What is the minimum wage per hour you are willing to accept? _____

Are there any benefits that you will **require** from your employer?:

Medical **Dental** **Vision** **Life Insurance** **401K** **Vacation** **Holidays** **Sick Leave**

Is there anything else that you would like to let us know about your desired employment?

This form will be used to match you to employers in our employflorida database.

Do you give CareerSource Brevard permission to forward your resume to potential employers? **Yes** **No**

Which Career Center location do you live closest to?
If you are unsure, please provide us your zipcode.

Please save this completed form and Email it to: CenterManager@careersourcebrevard.com