

27602 Ford Rd Garden City, MI 48135 Office: 866.942.6742 Fax: 734.266.3023

Facility Name:

Address:

Phone No.:

Contact Person:

Email: amiramedstaffing@gmail.com

STAFFING WORKSHEET

Title:

Email:	Fax:							
Contact Dire	ect Phone:		Ext.	Other:				
Start Date:				End Date				
Disciplin	es needed	QTY	Day Shift Hours		Afternoon Shift Hours		Night Shift Hours	
CNA								
L	PN							
RN								
			For Part-Ti	me Placement	<u>:</u>			
Discipline	Monday	Tuesday	Wednesday	Thursday	Friday	Satu	Saturday	
CNA								
LPN								
RN								
			<u>For Full-Ti</u>	me Placement	<u>:</u>			
Discipline	Monday	Tuesday	Wednesday	Thursday	Friday	Satu	urday	Sunday
CNA								
LPN								
RN								

placement. Please, also, provide any additional information you would like to share with us regarding the placements at your organization.									

We will Contact you regarding placement specifics upon receipt of this worksheet. We look Forward to

Please provide information regarding preferred or required attire worn by agency personnel during



helping you maintain your staffing momentum!

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