



♦ Employee Salary & Benefits ♦ Health & Safety ♦ Recruitment & Retention ♦ Performance & Training

EMPLOYEE BID FORM

NAME:	DATE:
HOME ADDRESS:	PHONE:
EMAIL ADDRESS:	

Position Applying for: _____ **Shift:** _____

Location: _____ **Service:** _____

QUALIFICATIONS:

Current Position: _____ Location: _____

Length of employment with A.W.A.R.E., Inc.: _____ Service: _____

Education: _____

Experience: _____

Training certifications must be current in order for the Human Resources Department to process your Bid Form. Please complete the information below.

TRAINING TITLE	EXPIRATION DATE
HELP	
Blood Bourne	
CPR & First Aid	
Employee/Client Health & Safety	
Medication	
B.I.S.	

Attach any information pertinent to this position to this form. ***Please take note that your current supervisor's signature is required in order for the Human Resources Department to Process your Bid.***

Employee's Signature

Date

Current Supervisor's Signature

Date