



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

## EMPLOYEE BID FORM

<b>NAME:</b>	<b>DATE:</b>
<b>ADDRESS:</b>	<b>PHONE:</b>
<b>EMAIL ADDRESS:</b>	

**POSITION APPLYING FOR:** \_\_\_\_\_ **SHIFT:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_ **SERVICE:** \_\_\_\_\_

**QUALIFICATIONS:**

Current Position: \_\_\_\_\_ Location: \_\_\_\_\_

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

**Please attach education verification or equivalency form to this form – if required**

Education: \_\_\_\_\_

Experience: \_\_\_\_\_

**Training certifications must be current for the HR Department to process your Bid Form.**

	TRAINING TITLE	EXPIRATION DATE
<b>CORE TRAINING</b>	<b>HELP</b> – Healthy Employees Leading People	
	<b>CPR/FIRST AID</b>	
	<b>Medication Certification</b>	
	<b>Blood Borne Pathogens</b>	
	<b>HIPAA</b> – Health Insurance Portability and Accountability Act	
	<b>Professional Care Giver</b>	
	<b>Vehicle Operation</b>	
	<b>ABC</b> – AWARE’s Behavioral Competency	
	<b>SHED</b> – Safety Health Emergency and Disaster	
	<b>CSEFL</b> – Early Head Start	

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Supervisor’s Signature

\_\_\_\_\_  
Date