

Employee Name _____ Phone _____

Cell Phone _____ E-mail _____

Prefer: Staffing _____ Private Duty _____ Primary Client _____

Skill Level: PCA _____ CNA _____ LPN _____ RN _____

Let us know when you are able to work. Put a "1" if you are available first shift, a "2" for second shift, and a "3" for third shift. If you cannot work full shifts or are available to work irregular times, please write those times in the box. Put an "X" on those days when you are not available for work.

Date Received (office use) _____ Please return this schedule to CPNC. Area YOU live in _____

~ SEPTEMBER 2010 ~

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Please have this calendar to the office by August 6th

FACILITY STAFFING

Please check (✓) all facilities where you are willing to work. Please indicate with an (O) all facilities where you have been orientated.

- | | |
|--|---|
| <input type="checkbox"/> Audubon Villa | <input type="checkbox"/> LGH |
| <input type="checkbox"/> Brethren Village | <input type="checkbox"/> Luther Care |
| <input type="checkbox"/> Calvary Fellowship | <input type="checkbox"/> Manor Care |
| <input type="checkbox"/> Conestoga View | <input type="checkbox"/> Maple Farms |
| <input type="checkbox"/> Cornwall Manor | <input type="checkbox"/> Mennonite Home |
| <input type="checkbox"/> Country Meadows | <input type="checkbox"/> Moravian Manor |
| <input type="checkbox"/> Denver | <input type="checkbox"/> Mt. Hope Church Home |
| <input type="checkbox"/> Ephrata Comm. Hosp. | <input type="checkbox"/> Palmyra |
| <input type="checkbox"/> Harrison House | <input type="checkbox"/> Pleasant View |
| <input type="checkbox"/> Homestead Village | <input type="checkbox"/> St. Anne's |
| <input type="checkbox"/> HSV Westvue | <input type="checkbox"/> Susq. Valley Rehab |
| <input type="checkbox"/> Jewish Home | <input type="checkbox"/> Twin Oaks |
| <input type="checkbox"/> Lanc. Regional Med. | <input type="checkbox"/> Willow Valley |

Allergies:

- | | | |
|---------|------------------------------|-----------------------------|
| Cats | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dogs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Smoking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PRIVATE DUTY

Please list the name of each client with whom you have been orientated:

Should CPNC always:

- Book me based on my availability
OR
 Call me before scheduling any shifts
(PLEASE CHECK ONE)

Would you be willing to drive your client?

- Yes No

**PLEASE RETURN THIS CALENDAR BY THE
FIRST FRIDAY
OF THE PREVIOUS MONTH.**