

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 _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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

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.