

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 _____

~ March 2012 ~

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	31

Please have this calendar to the office by Friday, February 3rd

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.