

PRIVATE PAY LIST AVAILABILITY

NAME _____ DATE: _____

ADDRESS: _____ PHONE: _____
_____, PA _____

FORMAL TRAINING: _____

LICENSES /CERTIFICATIONS: _____

EXPERIENCE: _____

WHAT TYPES OF CARE HAVE YOU PROVIDED (ie. Post CVA, dementia)? _____

IF LPN OR RN: DO YOU HAVE PROFESSIONAL LIABILITY INSURANCE? ____ YES ____ NO

WHAT TYPE OF WORK ARE YOU WILLING TO DO? (ie. Light housekeeping, heavy housekeeping, meal preparation, laundry, shopping, bathing, assist with transfers, supervision) _____

DO YOU CONSIDER YOURSELF TO BE SELF EMPLOYED OR WOULD YOU EXPECT YOUR EMPLOYER TO REPORT YOUR INCOME? _____

IN WHAT GEOGRAPHICAL AREAS DO YOU WISH TO BE LISTED? (ie. Somerset, Friedens, Berlin, etc.) _____

DAYS AND TIMES AVAILABLE TO WORK _____

WHAT IS THE BEST TIME TO REACH YOU? _____

ARE YOU PREPARED TO PROVIDE REFERENCES? _____