

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

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?