



Our heart is in the caring

330 Conklin Street
Farmingdale, NY 11735
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Employee Availability Questionnaire

PLEASE COMPLETE BOTH SIDES OF FORM

Date: Level: HHA PCA Telephone: ()

Name: Alt. Telephone: ()

Address: City: State: ZIP:

Emergency Contact Name 1: Phone:

Emergency Contact Name 2: Phone:

Availability: Full Time Part Time

Please check the days & time you would be available to work:

Table with 3 columns: Day, Starting Time, Ending Time. Rows include Monday through Sunday.

1. You are expected to be available to work at least 2 weekends each month. Would you prefer to work 2 weekends in a row or every other weekend?

Two weekends in a row Every other weekend

2. What type of transportation do you use?

Public Transportation Car

3. Please list the towns where you would be available to work. (The more flexible you are, the more we can offer you.)

4. Are you available for emergency cases? (Would you be able to be at patient's home within 1 hour of notification time?)

Yes No

5. Are you allergic to any of the following?

Dogs Cats Birds Other animal (specify)
 Smoke Dust Food (specify): _____
 Other (specify) _____

6. Which languages do you speak?

English Spanish French German Greek Italian
 Russian Polish Chinese Japanese Hindi Other

7. Are you interested in working in a specialty area?

Hospice Developmental Disability Other: _____

8. Do you have any experience or extensive training for any specialty area?

No Yes (specify): _____

9. Are you interested in working as a Live-In? Yes No

Employee Signature _____ **Date** _____