

AVAILABILITY FORM and OUTSIDE EMPLOYMENT ATTESTATION

Name: _____

Please answer the following questions so that we can use this as a guide when calling to offer you work assignments:

- I will work with children
- I will work with smokers
- I will work around pets
- I will work LIVE-IN
- I have experience with a kosher kitchen

	HOURS AVAILABLE TO WORK <i>(Write the times include am & pm)</i>	LIVE-IN WORK <i>(check available days)</i>
Saturday	From: _____ Till: _____	
Sunday	From: _____ Till: _____	
Monday	From: _____ Till: _____	
Tuesday	From: _____ Till: _____	
Wednesday	From: _____ Till: _____	
Thursday	From: _____ Till: _____	
Friday	From: _____ Till: _____	

Languages Spoken: English Spanish Creole Russian Arabic Chinese Other _____

I will work in the following areas: Brooklyn Bronx Manhattan Queens Nassau Staten Island

Primary transportation to work: Train Bus Car

Comments: _____

All Summit Home Health Care personnel are required to follow the rules of Conduct and avoid actions that result in a conflict of interest.

- I am currently employed by another Licensed or Certified Home Care Agency/or other Organization.
- I am NOT currently employed by another Licensed or Certified Home Care Agency/ or any other organization.

I am aware that I cannot and will not work for any other Home Care Agency of any type or any other organization during the hours that I am assigned to provide services to a patient of _____ including while I am working on a night case for _____

Misrepresentation or falsification of any information may result in disciplinary action or termination. I hereby certify that I have read the above statement and that the information provided in this acknowledgement form is true and correct to the best of my knowledge.

Signature _____ Date _____