



**Employee Application Checklist (For Office Use Only):**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 License/Certification: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Caregiver/CNA/LPN/RN	Date Completed:	Received:	Notes:
2-References (if applicable)			
Application Completion			
CNA Certification			
CPR(if applicable)			
Driver License/State ID			
EDL			
Emergency Contact Information			
Employment Verification			
E-Verify			
FCSR-Background			
Good Cause Waiver			
Hepatitis B Statement (if applicable)			
I-9 Form(s)			
Nursing License-Verification (if applicable)			
OIG Check			
Physical			
Signed Receipt of Policy/Ethics and Responsibilities			
Social Security Card			
TB Results			
Resume (if applicable)			
Employee Handbook			
Clear to Work			



**PERSONNEL FILE CHECKLIST FORM (Office Use Only)**

Staff Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

<b>X</b>	<b>SECTION ONE</b>	<b>X</b>	<b>SECTION TWO</b>
	Personnel File Checklist		Personnel Status
	Employment Application		Salary Documentation/Offer Letter
	Reference Checks		Policy & Procedure Acknowledgement
	Minimum Qualifications for Hire		Handbook Acknowledgement
	Requirements of New Hire		Signed Job Description
	Hours of Availability		Orientation Completion: _____
	Confidentiality Statement		Initial Competency Skills Checklist (Annually for Caregivers): _____
	FCSR/EDL/ OIG		Additional Skills Checklist
	Criminal Background Application/Check		Client Information
	Standards of Conduct		Abuse/Neglect/Sleeping on the Job
	Employee Disciplinary Action		HIPAA Training

<b>X</b>	<b>SECTION THREE</b>	<b>X</b>	<b>SECTION FOUR</b>
	Alzheimer's Training		90-day Evaluation
	Gait Belt Training		Annual Evolution
	Abuse/Neglect Training		Request Offs
	Driver's License		Disciplinary Documentation
	Proof of Auto Insurance		I-9 Forms
	CPR Certification		Copy of Professional License
			Professional License Verification
			W-4 Form

Note: Health related information-emergency contact information, physical, TB results, drug test consent, and other confidential information such as i-9 and social Security Card Copies will be maintained in separate files.