

EMPLOYMENT DOCUMENT CHECKLIST

Document

Expiration Dates

Copy of State Identification

Copy of Social Security Card

Copy of Nursing License

Copy of First Aide Certification

Copy of CPR Certification

I-9

W-9

Authorization and Release of Personal Information

For Documentation Listed Below

Document

Expiration Dates

Copy of PPD/Chest X-Ray

Copy of Physical

Copy of CJIS Background Check

Copy of Drug Test

Hep. B Vaccine/ Decline Form

Name of Witness: _____

Signature: _____

Title: _____