

# HR Verifications

Employee Name: \_\_\_\_\_

Last Four of SSN: \_\_\_\_\_



## Employer Use (Human Resources)

**\*It is mandatory that this section be signed by authorized HR personnel PRIOR to class.**

Prior to permitting an unlicensed worker to take the medication course, the employer of the unlicensed worker shall:

### VERIFY ALL OF THE FOLLOWING ARE TRUE AS OF DATE OF THIS APPLICATION:

- \_\_\_\_\_ \*Employed by Agency
  - \*Start Date: \_\_\_\_\_
- \_\_\_\_\_ \*This person is 18 years of age or older.
- \_\_\_\_\_ \* The agency has been provided documented proof of this person's high school diploma or equivalency.
- \_\_\_\_\_ \*Employee checks compliant to OAC 5123:2-6-06(A) (1)(2), (B)(1)(2)(3) **AND** OAC 5123:2-2-02 including registry checks within the specified time frames.

**The following signature is indicative that these checks have been completed and that the applicant, whose name appears above, meets current eligibility requirements.**

\_\_\_\_\_  
**HUMAN RESOURCES SIGNATURE /Title**

\_\_\_\_\_  
**DATE**