The Veil Home Health & Hospice

PERSONNEL FILE CHECKLIST

Employee Name_____ Date of Hire_____

Telephone #_____ Discharge Date_____

__Application for Employment

__ Application Acknowledgement

__ Availability to Work

__ID __ Social Security

__ SLED Background Screening Requirements

__ Background check / SLED $56.00

__ Disclosure and Authorization Regarding Background Investigation

__ COVID- 19 Results within 5 days of last test

__ Conflict of Interest

__ Non-Compete form

__Training◄

$65 __Certificate CPR __Training Log __DHEC Training Record

__Acknowledgement Alzheimer's disease and Related Dementias
__Accurate Information Form

__ Annual TB Screening Tool

__ $75 TB Test Chest X-Ray (TB positive)

__ $75 Drug Test

__$80 Physical Exam or Health Statement

__ Hepatitis B Vaccine declination

__Direct Deposit Form___Card was given YES NO Last 4 of Card #_____

__I-9 Form __W-4 Form __IRS Form 8850

__Staff Orientation◄

- Job Description
- HIPPA / NDA Policy
- Drug/Alcohol Policy
- Discipline Policy
- Evaluation Form
- Confidentiality Statement
- Patient Rights
- Code of Conduct
- Employee Disclosure Form
- Acknowledgement of Employee Handbook
- Acknowledgement of Understanding of Policies
- Payroll Policy
- Handbook, Policies & procedures
- Controlled Drug Policy

__ Reference Verification (2 return within 2 days)

__ $8.00 (DMV) Motor Vehicle 10-year history

__ Employment Contract

__Welcome aboard

Employee E-Mail_____ Updated_____

(Print in block letters, no fancy writing)