

EMPLOYMENT APPLICATION CHECK LIST

Name _____

Application Date _____

Orientation/Hire Date _____

ALL EMPLOYEE FILES WILL INCLUDE THE FOLLOWING INFORMATION. NO EXCEPTIONS ALLOWED!

- Employment Application Completed on _____
- Employment Reference Verification: Date Sent _____
Date Received _____
Date of Verbal Contact _____
- Vehicle Registration and Insurance Information
- I-9 Form: Employee Eligibility Verification
- Skills Inventory at Time of Hire (RN, LPN, HHA)

AGENCY PRETEST/REQUIREMENTS

- RN/LPN Test Score _____
- HHA Test Score _____ Competency test is mandatory for all HHA/CNA or others meeting state testing criteria.
- Criminal History Report : Date Sent _____ Date Received _____
- State Registry Verification: Date Confirmed _____
- Physical Examination (Must be no more than six months old and implies, free of communicable disease)
Date Examined _____
- TB Test: Proof of PPD Yes/No
Baseline Test
1st Step Date _____
2nd Step Date _____
Chest X-Ray Result Date _____

ALL PERSONNEL FILES WILL HAVE COPIES OF THE FOLLOWING:

- Driver's License
- Social Security Card or Other Identification Document What Type _____
- CPR Card Expiration Date _____
- Professional License (RN LPN) Expiration Date _____
- Certifications (CNA) Expiration Date _____

THE FOLLOWING ITEMS WILL BE COMPLETED AFTER ORIENTATION:

- Hepatitis Declination Signed. Date _____
Hepatitis Series Administered (1) _____ (2) _____ (3) _____
- Initial Competency Skills check off
- Completed Federal W4 _____ State _____
- Job Description
- Orientation Checklist
- HIPPA

