

✓ All fields that have a check mark are in the folder

**PERSONNEL FILE REQUIREMENTS**

NAME \_\_\_\_\_ DOB \_\_\_\_\_

DATE HIRED \_\_\_\_\_

DATE INACTIVATED/TERMINATED \_\_\_\_\_

**EXPIRATION DATES INDICATED**

ANNUALLY	EXPIRATION	EXPIRATION	EXPIRATION	EXPIRATION	EXPIRATION
TB TEST					
SOCIAL SECURITY CARD OR RESIDENT CARD					
CAR INSURANCE/ DRIVER'S LICENSE					
PERFORMANCE EVAL					
BBP/HIV EDUCATION					
SAFETY TRAINING					
12 HOURS INSERVICE					
COMPETENCY EVAL					

BIANNUALLY					
CPR CARD					

I-9

PRE-EMPLOYMENT PAPERWORK:

- APPLICATION
- WORK HX VERIFIED
- 2 REF CHECKED
- DIPLOMA/DEGREE TRANSCRIPT
- LETTER EMERGENCY NEED
- ORIENTATION CHECKLIST
- JOB DESCRIPTION
- W-4 FORM

- WORKER'S COMP FORM
- IMMUNIZATIONS
- MANTOUX OR CHEST XRAY
- HEPATITIS B
- OSHA KIT
- EMERGENCY CONTACT
- CONFIDENTIALITY
- CLINICAL STAFF:
- COMP EVAL DONE? YES  NO

CRIMINAL HX CHECK SENT \_\_\_\_\_ INITIALS \_\_\_\_\_ DATE \_\_\_\_\_  
 RETURNED YES  NO

MISCONDUCT REGISTRY CALLED? YES  NO

FILE COMPLETED BY: \_\_\_\_\_ TITLE \_\_\_\_\_