

✓ 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	EXPIRATION	EXPIRATION	EXPIRATION	EXPIRATION	EXPIRATION
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 _____