



**Employee's Checklist
(Clinical)**

- Name: _____ Phone: (____) _____
Classification: _____ Date of Hire: _____ Fax/Cell: _____
- New Hire cover sheet
 - Application for Employment (Resumes/Letters Rec. Opt)
 - W-4 Withholding Tax Form (Signed, dated, deductions. Entered)
 - I-9 Form (Sections 1, 2, and 3 completed (1 photocopy in file, Orig. I-9 Books)
 - State License #: _____ Expiration Date: _____ (Photo Copy)
 - State Board Verification RN/LVN/CHHA Date Verified: _____ Pending: _____
 - Social Security Card #: _____ (Photo Copy)
 - Driver's License #: _____ (Photo Copy)
 - Proof of Auto Liability Insurance Expires: _____ (Photo Copy)
 - CPR Certification Expiration Date: _____ (Photo Copy)
 - Health History Form (Page 1 of 2)
 - Health Exam Signed by Physician _____ (Photo Copy)
 - TB or Chest X-Ray Expiration Date: _____ (Photo Copy)
 - Hepatitis B Vaccination: Date: _____ Date: _____ Date: _____
 - Hepatitis B Vaccination Declined: Date: _____
 - Authorization for Release Employment Information
(1) Called: _____ (2) Sent: _____ (3) Rec'd _____
 - Skills Inventory Checklist RN _____ LVN _____ CHHA _____
 - Job Description RN _____ LVN _____ CHHA _____ Other _____
 - Orientation Policy & Procedures – Orientation Date: _____
 - Information for injury prevention
 - New Hire Agreement
 - Schedule of Rates
 - Child/Adult Abuse Form
 - Confidentiality Agreement
 - Employee Disclosure Form
 - Employee Acknowledgement and Agreement
 - Letter of Acceptance
 - Personal Action form
 - Other: _____