



PERSONNEL FILE CHECKLIST

NAME: _____ **JOB TITLE:** _____

❖ **Personal Information**

- **Completed Application Form - Fraud Document**
- **W-9/ W-4**
- **Do's and Don'ts**
- **Non- Compete**
- **I-9**
- **HIPAA Agreement**
- **Signed Job Description**

❖ **ID/SSCARD**

- **SS card**
- **Driver's License or State ID**
- **Criminal Background Check**

❖ **2 References**

❖ **Licenses and Certification**

- **Nurse License or certification** **Expiration date:** _____
- **Verification of Nurse License or certification**
- **CPR Certificate** **Expiration date:** _____
- **First Aid Certification** **Expiration date:** _____

❖ **Medical File**

- **TB Skin Test or Annual X-Ray** **Date:** _____

Expires: _____

❖ **Orientation and Evaluation**

- **Competency/Skills Evaluation**

INTERNAL AUDIT

Upon Application/Hire

- **LTSS/ISAS**
- **Direct Deposit**

Signature/Date Reviewed: _____

Completed Information Received

Signature/Date Reviewed: _____

Annual Review

Signature/Date Reviewed: _____

Phone # _____

Email Address: _____