



NEW HIRE CHECKLIST

NAME: _____

DOB: _____

HIRE DATE: _____

ORIENTATION COMPLETE: YES NO

DOCUMENTED PROOF	IN FILE	NEEDED DOCUMENTS
Orientation Checklist		
Employment Application		
Resume		
References		
Copy of Social Security Card		
W2/W4 Forms		
CPR/First Aid		
Annual Physical		
TB Testing		
Background Check		
Driving Record (If applicable)		
Skills Assessment		
Licensing (RN, CNA, PCA etc.)		
Documented Training		
Medication Training		
Client's Rights		
Privacy Notice/Pledge of Confidentiality		
Reporting Abuse		
MISCELLANEOUS DOCUMENTS		

Staff Signature

Title

Date