

Caregiver's Name: _____ Date of Hire: ____/____/____

Address: _____ City _____ State _____ Zip _____

Contact No.: _____ Salary: _____

Copy driver's license ☐

Copy social security card ☐

Resume ☐

Proof of Education ☐

Affidavit of Good Moral Character (AGMC) ☐

2 Professional references and 3 others ☐

Reference Check ☐

Emergency Contact information ☐

Background Check (Level 2) ☐

Background Check (Local) ☐

Employment status:

Part-time (P), Full-time (F), Temp (T) On-call (OC) ☐

Complete I-9 Form ☐

CPR/First Aide Training ☐

HIPAA Certification ☐

Zero Tolerance ☐

Choice and Rights of Individual (Bill of Rights) ☐

Complete Core Competencies Training (Intro to DD & Health
& Safety) ☐

Med Administration ☐

*CNA Certificate ☐

*HHA Certificate ☐

Complete HIV/AIDS ☐



NEW HIRE DATA CHECK LIST

11

10

10

1

1



10

7

10

[illegible]

Date: ____/____/____

