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Employment Check List

(Please complete and fax all items listed below, including this form, then initial to the side)

Name (print) _____

Street Address _____ Town _____ State _____

Phone No. (home) _____ Cell No. _____

Application Filled _____

Current License _____

Date License Verified (agency to complete) _____

Current CPR _____

Reference Checks Completed on Application _____

I-9 Documentation _____

Social Security _____

W-9 (if an Independent Contractor) _____

W-4 (if you are an Employee) _____

Hepatitis Form _____

TB Form _____

Emergency Contact Form _____

Drivers License _____