



EMPLOYMENT CHECKLIST

Full Name \_\_\_\_\_

Date \_\_\_\_\_

	YES	NO
1) Application of Employment	<input type="checkbox"/>	<input type="checkbox"/>
2) Employment History	<input type="checkbox"/>	<input type="checkbox"/>
3) Clinical Skills Checklist	<input type="checkbox"/>	<input type="checkbox"/>
4) Medical History Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
5) Professional/Work References (RN/LVN)	<input type="checkbox"/>	<input type="checkbox"/>
6) Company Waiver (Proof of Hepatitis B Vaccination)	<input type="checkbox"/>	<input type="checkbox"/>
7) Consent for Reference	<input type="checkbox"/>	<input type="checkbox"/>
8) Consent to Work (Optional for nurses transferring)	<input type="checkbox"/>	<input type="checkbox"/>
9) W-4 Form (Signature & Number of Withholding Allowance)	<input type="checkbox"/>	<input type="checkbox"/>
10) Release Authorization and Disclosure	<input type="checkbox"/>	<input type="checkbox"/>
11) Texas Employer New Hire Reporting Form	<input type="checkbox"/>	<input type="checkbox"/>
12) General Healthcare Providers Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>
13) Employee Referral Form	<input type="checkbox"/>	<input type="checkbox"/>
14) Authorization Form (to Deduct Mandatory Requirements)	<input type="checkbox"/>	<input type="checkbox"/>
15) Texas Workforce Commission Consent Form	<input type="checkbox"/>	<input type="checkbox"/>
16) Memorandum from "A" Best CEO	<input type="checkbox"/>	<input type="checkbox"/>
** 17) Summary Plan of Occupational Injury Benefits	<input type="checkbox"/>	<input type="checkbox"/>
** 18) Notification Record	<input type="checkbox"/>	<input type="checkbox"/>

**\*\* Please Note: forms will be given upon hire**

**FOR VERIFICATION:**

1) Copy of Current Texas Nursing License	<input type="checkbox"/>	<input type="checkbox"/>
2) Copy of Driver's License	<input type="checkbox"/>	<input type="checkbox"/>
3) Copy of Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>
4) Copy of Current CPR Card (Front & Back)	<input type="checkbox"/>	<input type="checkbox"/>
5) Copy of Current ACLS,PALS, NALS, etc...(Front/Back)	<input type="checkbox"/>	<input type="checkbox"/>
6) Copy of Drug Screen Result	<input type="checkbox"/>	<input type="checkbox"/>
4) Copy of TB Skin Test /PPD or Chest X-Ray	<input type="checkbox"/>	<input type="checkbox"/>
5) I-9 (Proof of Citizenship)	<input type="checkbox"/>	<input type="checkbox"/>
6) Criminal Background Check	<input type="checkbox"/>	<input type="checkbox"/>