Applicant Checklist

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Application for Employment

\_\_\_\_Copy of Florida Driver’s License- Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Copy of Vehicle Registration-Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Copy of Social Security card

\_\_\_\_Copy of Car Insurance – Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Past Employment Reference Check form

\_\_\_\_High School Diploma/Degree \_\_\_\_W9 Completed Form

**ACHS, Inc. Training**

\_\_\_\_ ACHS, Inc./Employee Expectations

\_\_\_\_Service Agreement Training/Date:\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Sample Timesheet Training/Date:\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Sample Service Note Training/Date:\_\_\_\_\_\_\_\_ \_\_\_\_No Weapon Policy Training/Date:\_\_\_\_\_\_\_\_\_\_

**CPR/First Aid Instructor**

\_\_\_\_Copy of your CPR Card- Completion Date:\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_

\_\_\_\_Copy Basic First Aid Card- Completion Date:\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_

\_\_\_\_HIV/AIDS, Blood Borne Pathogens, OSHA and Infection Control Completion Date:\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_

\_\_\_\_ Medication Administration Completion Date: \_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Train Florida**

\_\_\_\_Core Competencies- Completion Date:\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_

\_\_\_\_Zero Tolerance – Completion Date:\_\_\_\_\_\_\_\_\_\_\_ Expiration Date (3yrs): \_\_\_\_\_\_\_\_

**Attain, Inc.**

\_\_\_\_HIPAA – Completion Date:\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_

**Background Screenings**

\_\_\_\_Notarized Affidavit of Good Moral Character \_\_\_\_Privacy Acknowledgement Form

\_\_\_\_Local Law Enforcement Background Check Form

\_\_\_\_Livescans Fingerprint (Level 2) **Provider OCA #- 23295618Z ORI#- EAPDGN10Z**

**Highlighted items must be completed before an individual can be hired**