



Employee Checklist Sheet

Agency Name: A Kind & Caring Home Care, LLC Employee Name: _____ Title _____
 of Position: _____ Date of Hire: _____ Date of Separation: _____

Application Package	Completed	Exp. Date	Exp. Date2	Exp. Date3	Exp. Date4
Employee Application(3pg)					
Job Description(2pg)					
Reference Check(2pg)					
Acknowledgement of Reporter Status					
Policy Acknowledgement					
Confidentiality/ Conflict of Interest					
Drug Free Workplace Policy(2pg)					
Sexual Abuse Policy(2pg)					
Sworn Disclosure Statement(2pg)					
Orientation Checklist(3pg)					
Background Check(2pg)					
Qualifications					
PCA Certification					
CPR Certified					
Health Package					
Hep B Consent Form					
TB Test					
Employee Physical					
Eligibility Package					
I-9 Form					
Federal Tax Form					
State Tax Form(VA, DC, MD)					
E-Verification					
Drivers License/ ID Card					
Social Security					
Passport					
Birth Certificate					

Reviewed by _____

Date: _____

Approved by: _____

Date: _____