



EMPLOYEE INFORMATION SHEET

Employee Name: _____

Phone Number: _____

SS#: _____ DOB: _____

DOH: _____ CLASS: _____ E-Mail: _____

UPDATED RECORD:

PERMANENT RECORD:

Exp. _____ License/Certification

_____ Application

Exp. _____ License Verification

_____ Job Description

Exp _____ CPR/BLS=AHA

_____ Reference

Exp _____ ACLS Exp _____ PALS

_____ W-4

Exp _____ NRP

_____ I-9

Exp _____ Physical

_____ Resume

Exp _____ PPD / _____ Result

_____ CDL/ID

Exp _____ Chest x-ray

_____ SS# card

Exp. _____ TB Quest

_____ Policy & Proc.

Exp _____ MMR

Date _____ Rubella

Facility Specific:

Date _____ Rubeola

Exp _____ Drug Test/HGen

Date _____ Varicella

Exp. _____ Fit Test/Children's

Date _____ Hepatitis Edu

Req. _____ Merlin for HGen

Exp _____ OIG

Req. _____ StRose Orientation

Exp _____ BKG

Exp. _____ Evaluation/Promed

Exp. _____ Evaluation/Facility

Nurse Testing:

Exp _____ Skills Checklist

Date _____ Exam Score

Exp _____ Core I and Exp. _____ Core II

NOTE: You need to have an Email account setup to be able to submit this form otherwise, click on Print Form above and mail it to 20042 19th Avenue NE, Shoreline, WA 98155-1211 or 4695 Chabot Drive, Suite 200 Pleasanton, CA 94588.