



NEW APPLICANT CHECKLIST
(STAFF USE ONLY)

Name: _____

Classification: _____

Before Interview Record

- Blue Application Form
Form I - 9
Form W
Background Check & Forms: WSP, Lexis, OIG
Statement of Health and Immunization Form
Hepatitis B Vaccine Consent / Declination Form
Job Description
Facilities and Travel Checklist
Experience Checklist
Screening Test Score Sheet
Confidential Reference Request
OBRA Registry

PASS / RE-TEST
GO / NO-GO
GO / NO-GO

After Interview Record

- RN / LPN / CNA / COUNSELOR/OTHER: HPQA License Verification
CPR / ACLS Card
Driver's License
Social Security Card
Immunization Records
Hep-B
TB
MMR
Chest X-ray
+ TB Health Questionnaire
Rubeola
Any Other Health Information
Training Certifications
PARTS
AIDS
I.V. Therapy
EMT
Any Other Training Certifications: HIPAA
College Transcripts (MHC)
Resume or Biography
Any Letters of Recommendations
Washington State Patrol Background Form

After Hire Record

- ProMed Agency Policies & Procedures / JCAHO Safety Guidelines
Photo I.D. Badge
Employment Agreement
New Employee Packet
Date Hired 90 Day
Annual