



Personnel File

PF.1

PF.2

Application/Payroll	Resume/References/Skills
<input type="checkbox"/> Application <input type="checkbox"/> Payroll <ul style="list-style-type: none"> <input type="checkbox"/> I-9 (Employment Verification) <input type="checkbox"/> Federal W4 Form <input type="checkbox"/> State W4 Form <input type="checkbox"/> Direct Deposit 	<input type="checkbox"/> Resume <input type="checkbox"/> Professional References <input type="checkbox"/> Skills: <ul style="list-style-type: none"> <input type="checkbox"/> Core Mandatories <input type="checkbox"/> Specialty <input type="checkbox"/> Nurse Testing <input type="checkbox"/> Authority to Release Information
Credentials (Forms of ID)	Credentials (Nursing)
<input type="checkbox"/> Driver License <input type="checkbox"/> Social Security Card or Birth Certificate <input type="checkbox"/> Other <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	<input type="checkbox"/> Nursing License/License Verification <input type="checkbox"/> ACLS <input type="checkbox"/> BLS (Health Care Provider) <input type="checkbox"/> PALS/NRP
Screenings	Health
<input type="checkbox"/> Signed Drug Testing Consent Form <input type="checkbox"/> Signed Background Screen Consent Form <input type="checkbox"/> Drug Test Results <input type="checkbox"/> Background Screen Results	<input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> Tetanus <input type="checkbox"/> Hepatitis B Vaccine results <input type="checkbox"/> TB/PPD Screening within past year ¹ <input type="checkbox"/> Physical * <input type="checkbox"/> Physicians Statement*
Forms	Miscellaneous
<input type="checkbox"/> HIPPA Compliance Form <input type="checkbox"/> Registered Nurse Job Description <input type="checkbox"/> Employee Emergency Contact Form <input type="checkbox"/> Nurse Preferences <input type="checkbox"/> Primary Applicant Agreement <input type="checkbox"/> Confidentiality Agreement <input type="checkbox"/> Nurse Association Professional Conduct Expectations <input type="checkbox"/> Employee Latex Screen <input type="checkbox"/> Medical Emergency Plan <input type="checkbox"/> Travel Agreements/Submittals	<input type="checkbox"/> Computer Programs – Used Previously _____ _____ _____ <input type="checkbox"/> Email Address _____

Completed By:

Authorized By:
