



EMPLOYEE SUMMARY

Employee Name:	
Street Address:	
City, State, Zip Code:	
Phone Number:	
Email Address:	
Date of Birth:	
Social Security Number: Citizenship:	<div>United States Citizen</div> <div>Lawful Permanent Resident</div>
Gender:	
County:	
W-4 Withholdings-Dependants:	
Marital-Filing Status:	
2 year's residency in PA:	<div>Yes</div> <div>No</div>
Driver's License:	<div>Yes</div> <div>No</div>
Driver's License Number-Expiration:	
Consumer Name/Schedule:	
HHA Mobile ID Number: Caregiver PIN Number:	

EMPLOYEE NAME: _____ POSITION: CAREGIVER

PHONE: _____ DATE OF HIRE: _____

PRE-HIRE CHECKLIST

<input type="checkbox"/>	Drivers License State ID Social Security Perm. Resident Card School ID-Birth Certificate Citizenship-Passport
<input type="checkbox"/>	Car Insurance Non-Driver
<input type="checkbox"/>	Pennsylvania Criminal Record Check
<input type="checkbox"/>	Child Abuse Clearance Required Yes No Completed FBI Check Completed
<input type="checkbox"/>	PA resident for the last 2 years Yes No
	If Yes: Proof of 2 year Residency in PA
	If No: FBI Fingerprint Completed Yes No
<input type="checkbox"/>	TB TEST: 1 Step 2 Step QuantiFERON Chest X-Ray Dept of Health/Medication Routine Complete
<input type="checkbox"/>	TB History Questionnaire
<input type="checkbox"/>	Staff Training Record
<input type="checkbox"/>	E-Verify
<input type="checkbox"/>	Eligibility Checks Check #1 Check #2 Check #3
<input type="checkbox"/>	ID-Badge-Employee Handbook
<input type="checkbox"/>	Paychex Enrollment Form Direct Deposit Info (Voided Check) Profile added Paychex-Alt Caregiver Code_____
	Provisional Hire: Yes No

Completed by Signed Name/Position: _____ Date: _____