



CREDENTIAL CHECKLIST

Employee Name:	Date:
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PJS Care Services, LLC is in need of the following documents to complete your file in order to comply with State Licensure regulations. Please provide us with a copy of the following documents checked below in order to update your file. Please email current copies to the office at (info@pjscareservices.com) or drop off during one of your initial training shifts, so that we can complete your employee file. If you have any questions regarding the information requested, please contact the Agency Manager, Nick Stein, at (847)722-9696 or nstein@pjscareservices.com. Thank you.

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION:

<input type="checkbox"/> Driver's License	Expires:
<input type="checkbox"/> State ID	Expires:
<input type="checkbox"/> Professional Nursing/CNA License (If Nurse/CNA)	Expires:
<input type="checkbox"/> Social Security Card	Expires: N/A
<input type="checkbox"/> Form I-9, Employment Eligibility Verification	Expires: N/A
<input type="checkbox"/> Employment Application (Provided by PJS Care Services)	Expires: N/A
<input type="checkbox"/> W-4 or W-9 Form (as appropriate)	Expires: N/A
<input type="checkbox"/> Proof of Auto Insurance	Expires:
<input type="checkbox"/> Paycheck Employee Information Form	Expires: N/A
<input type="checkbox"/> Paycheck Direct Deposit Form	Expires: N/A
<input type="checkbox"/> Physical Exam/Statement of Health	Expires: N/A
<input type="checkbox"/> CPR Card: (http://cpaedcourse.com)	Expires:
<input type="checkbox"/> TB Test/Chest X-Ray Result	Expires:
<input type="checkbox"/> Hepatitis B Antibody Record	Expires:
<input type="checkbox"/> COVID-19 Vaccination Record Card	Expires:
<input type="checkbox"/> Influenza Vaccination Form	Expires: N/A
<input type="checkbox"/> Pneumococcal Pneumonia Vaccination Form (if appropriate)	Expires: N/A
<input type="checkbox"/> Drug Test (Provided by PJS Care Services)	Expires:
<input type="checkbox"/> Employee Harassment Training (w/in 60 days of employment)	Expires:

PLEASE ACKNOWLEDGE RECEIPT OF THE FOLLOWING:

- Offer Letter/Confidentiality Agreement
- TB Questionnaire
- Employee Policies and Procedures Receipt

Thank you,
PJS Care Services, LLC