CREDENTIAL CHECKLIST

Employee Name:	Date:

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:

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

PLEASE SIGN AND RETURN THE FOLLOWING:

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

Thank you,
PJS Care Services, LLC