

Eckington House Mental Health Services, LLC

CONTRACT EMPLOYEE CHECKLIST SHEET

EMPLOYEE NAME: _____

EMPLOYEE TITLE: _____

DATE OF HIRE: _____

A MUST HAVE - BEFORE YOU STARE WORKING	STATUS	EXP.DATE	NOTIF.DATE
A) EMPLOYMENT APPLICATION			
B) PROFESSIONAL, CHARACTER REFERENCES			
C) WRITTEN			
D) VERBAL			
E) INTERVIEW SUMMARY			
F) BACKGROUND CHECK			
G) 1-9			
FACE TO FACE INTERVIEW			
H) ACCEPTANCE LETTER			
I) CERTIFICATE			
J) SOCIAL SECURITY CARD			
K) DRIVERS LICENSE/PHOTO ID			
M) C P R / FIRST AID			
N) SIGNED JOB DESCRIPTION			
O) SKILLS CHECKLIST			
P) ORIENTATION			
Q) CONFIDENTIALITY STATEMENT			
R) IN-SERVICE (12 HRS)			
S) PERFORMANCE EVALUATION			
T) HEP-B INFORMATION			
U) STANDARD UNIVERSAL PRECAUTIONS TEST			
V) PHYSICA EXAM			
W) VARICELLA /MMR			
X) P P D RESULTS			
Y) OTHERS			