

## **Staff File Checklist**

Name:	 Date of Hire:	

<b>Document Name</b>	Date Received
Application	
Medical Form	
W - 4	
NC - 4	
I-9 Form	
Copy of Driver's License	
Copy of SS card	
Copy of Birth Certificate	
Emergency Contact	
Criminal Background Check	
Fingerprint Card	
TB Test	
RMSC Employee Handbook	
First Aid	
Emergency Preparedness Plan	
Documentation of Orientation	
Annual Health Questionnaire	