

Staff File Cover Sheet

As of 10/5/17

Employee Name: _____

Date of Hire: _____ Position: _____

Date of Separation: _____ (keep for 2 years) Re-hire: **YES / NO** (CIRCLE ONE)

- _____ 1. Application / Resume
- _____ 2. Copies of (2) Two Photo I.D.
- _____ 3. Emergency contact (name, address, phone)
- _____ 4. Disclosure Statement
- _____ 5. Confidentiality Statement
- _____ 6. Non Solicitation Policy
- _____ 7. Documentation of any health problem which may interfere with fulfilling job Responsibilities.
- _____ 8. High School Diploma, college degree/transcripts
- _____ 9. Documentation of two or more references

- _____ 10. Background Checks:

| | Date Signed/Rec'd | Expires: |
|---|----------------------|----------|
| a. Sworn Statement of Disclosure <small>1yr</small> Signed: _____ | _____ | _____ |
| b. Criminal Record Check <small>3yrs</small> Mailed: _____ | _____ | _____ |
| c. CPS Clearance <small>3 yrs</small> Mailed: _____ | _____ | _____ |
| Note: Background checks must be resubmitted every 3 years (22 VAC 40-191), | | |
| d. Resubmit by: _____ Mailed: _____ | _____ | _____ |
- _____ 11. Documentation of Orientation
- _____ 12. Job Description
- _____ 13. TBT results (within 1 year before or 21 days after employment) – (ever 2 years thereafter)

| | |
|-------------------------|------------------------------|
| Date of TBT Test: _____ | Date of next test due: _____ |
| Date of TBT Test: _____ | Date of next test due: _____ |
- _____ 14. Written information to verify education, certification and experience required by the job Position, verification of age,
- _____ 15. Employee Forms _____ **Form I-9** _____ **Form W-4** _____ **VA-4**

| | Date of Training | Expiration |
|--|------------------|------------|
| 16. VIRGINIA Pre-Service Training 1 time | _____ | _____ |
| 17. Fingerprint Background Check | _____ | _____ |
| 18. Documentation of Daily Health Observation <small>3yr</small> | _____ | _____ |
| 18. Documentation of First Aid /CPR Certification <small>2yr</small> | _____ | _____ |
| 19. Documentation of MAT / PMAT (CIRCLE ONE) <small>3yr</small> | _____ | _____ |
| 20. Child Abuse & Neglect Training (Annual) <small>3yr</small> | _____ | _____ |
| 21. Documentation of on-going staff development/training hours completed | _____ | _____ |
| 22. Employee Welcome Letter | _____ | _____ |

30 Day Audit: _____

Annual Audit: _____

Quarterly Audit: _____

Quarterly Audit: _____