

## APPLICATION CHECKLIST

The Following Items are needed in order to complete your application. Facilities are required to have your information on file in order to allow you to work. Please submit all items in order to be considered for employment. Thank you for your cooperation.

\_\_\_\_Application

\_\_\_\_Drivers License

\_\_\_\_I-9

\_\_\_\_Social Security Card

\_\_\_\_W4

\_\_\_\_TB Skin Test

\_\_\_\_Contract

\_\_\_\_Contingency Agreement

\_\_\_\_HIPPA Agreement

\_\_\_\_Physician's Statement

\_\_\_\_Authority to Release

\_\_\_\_Policies

\_\_\_\_CPR Card

\_\_\_\_Proof of Auto Insurance

\_\_\_\_Universal Precautions

\_\_\_\_Record of Hep. B/release

\_\_\_\_Employment Standards

\_\_\_\_Direct Deposit Form

\_\_\_\_License (CNA, CMA, LPN, RN, ect.)

**Mail to:** Professional Staffing, Inc.

Lynette Archer

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