

D & M Consultants

Section 1 Application Documents

Employment Application,

Volunteer Information

Personnel Information Form

Interview Guide

Person Served Interview Guide

Resume (if provided)

Professional Reference Checks

Personnel File Audit Forms

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Section 2 Position Documents

Job Description

Employment Agreement

Conditional Job Offer

Confidentiality Agreement

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Section 3 Personnel Policy Acknowledgement Forms

Policy Declaration and annual revision declaration

Communication Device and Bag

Applicant and At-Will

Code of Ethics

Corporate Compliance/DRA

Agency Equipment

Miscellaneous Acknowledgement Forms

Computer Use Agreement

Standard Operating Procedure Sign Off

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Section 4 Payroll Documents

Payroll Change Notices

Direct Deposit Form

Federal, State and Local Tax Forms

Performance Evaluations

Person Served Input forms

Paid Time Off Requests

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Section 5 Background/Clearance Documents

Criminal History Results (upon hire, bi-annually)

Driver's License Record Report, Insurance, Registration

Recipient Rights, Nursing Registry and Abuse Registry Reports

Criminal History Background Check & Continued Employment Form

Criminal Convictions and Charges Acknowledgement

Background Check Authorization Form

Vehicle Inspection Form

OIG Check

Non-Driver Form

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Section 6 Education

High School Diploma, College Transcripts/Degree Copy

Professional License, Professional Organization Membership

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Section 7 Training

CPR and First Aid

State Training Transcripts

Internal Training Transcripts (safety, due process, ADA, LEP, HIPAA, Cultural Competency Tests)

External Training Certificates

Person Served Centered Plan Acknowledgement

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Section 8 Employee Relations

Performance Notes

Disciplinary Actions

Miscellaneous Information

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Medical File (Separate Binder)

Section 1

Copy of TB Results

Drug Test Consent

Employee Health Review

Emergency Medical Information

Hepatitis B Vaccination Acceptance/Waiver

Section 2

Workers Compensation Employee Report of Injury

Workers Compensation Medical Notes

Copy of Workers Compensation Restrictions/Accommodation Forms

Section 3

Copy of Leave of Absence Request

Leave of Absence Restrictions/Accommodations

LOA Medical Notes

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I-9 (Separate Binder)

Voluntary Self-Identification (Separate Binder)