



Specializing in Healthcare Staffing Since 1995
 6400 N. Andrews Ave., Suite 440, Ft. Lauderdale, FL 33309

Forms Checklist

Please note that all the below forms **MUST** be completed and returned to us two weeks prior to your first day of employment.

Complete

| | |
|--|----------------------------------------------------|
| | Job Description |
| | Worker's Compensation Form |
| | Timesheet Policy Form |
| | Authorization Form |
| | Employment Guidelines |
| | Benefits Option Form |
| | Annual Employee Health Form |
| | Medical/Information Release Form |
| | Physician Statement |
| | Employee Evaluation Policy Form |
| | Copy of all Professional Licenses & Certifications |
| | Notarized Copy of Driver's License |
| | Notarized Copy of Social Security |
| | Direct Deposit Form with Cancelled Check |
| | I-9 |
| | W-4 |
| | Other: |