

ANTOINETTE NURSING SERVICES (ANS)

2300 Montana Ave. Suite 200B

Cincinnati, Ohio 45211

(513)-326-5429(Office)

(513)-772-0340(Fax)

Info@ansnursingservices.com

Employee New Hire Check List

Copy of Driver License # _____ Copy of Social Security Card _____

Copy of Birth Certificate _____ Copy of High School Diploma/GED/College _____

W-4 Form _____

Criminal Background Check (Local) *Date received* _____ *Date Expires* _____

Criminal Background Check (BCI or FBI) *Date received* _____ *Date Expires* _____

Proof of Insurance *Date received* _____ *Date Expires* _____

Copy of CPR card *Date received* _____ *Date Expires* _____

Copy of First Aid *Date received* _____ *Date Expires* _____

Tuberculosis Skin Test *Date received* _____ *Date Expires* _____

Copy of BMV Transcript (report) *Date received* _____ *Date Expires* _____

Medication Training/Delegated Nursing *Date received* _____ *Date Expires* _____

Health & Safety & MUI Training *Date received* _____ *Date Expires* _____

C.P.I. Training *Date received* _____ *Date Expires* _____

G-Tube Feedings Training *Date received* _____ *Date Expires* _____

I.V. Training *Date received* _____ *Date Expires* _____