

PERSONNEL FILE CHECKLIST FOR INDEPENDENT CONTRACTORS

CONTRACTOR NAME _____

	DATE REC'D	EXP DATE
Curriculum vitae	_____	_____
Articles of Incorporation (if applicable)	_____	_____
Social Security card or Employer Identification Number assignment	_____	_____
Driver's License	_____	_____
PT/PTA license	_____	_____
Liability insurance certificate	_____	_____
Completed W-9 form for 1099 information	_____	_____
Completed I-9 form for employment eligibility	_____	_____
Copy of current auto insurance card	_____	_____
Signed Worker's Comp agreement or exemption form	_____	_____
Physical examination signed by MD or DO (bianuual)	_____	_____
AIDS/AIDS update/OSHA certificates	_____	_____
Proof of PPD test (annual)	_____	_____
CPR (recommended)	_____	_____
Background checks(AHCA Abuse, FDLE)/Affidavit of character	_____	_____
2 personal references	_____	_____
Signed contract	_____	_____
Acceptance of policy and procedure manual	_____	_____
Signed Job Description	_____	_____

COMPILER/REVIEWER
COMMENTS: _____

PERSONNEL FILE CHECKLIST FOR EMPLOYEES

EMPLOYEE NAME _____

	DATE REC'D	NO
Curriculum vitae	_____	_____
Social Security card	_____	_____
Driver's License	_____	_____
PT/PTA license	_____	_____
Liability insurance certificate	_____	_____
Completed W-4 form	_____	_____
Completed I-9 form	_____	_____
Copy of current auto insurance card	_____	_____
Signed Worker's Comp agreement or exemption form	_____	_____
Physical examination signed by MD or DO (bianuual)	_____	_____
AIDS/AIDS update/OSHA certificates	_____	_____
Proof of PPD test (annual)	_____	_____
CPR (recommended)	_____	_____
Background checks(AHCA Abuse, FDLE)/Affidavit of character	_____	_____
2 personal references	_____	_____
Signed contract	_____	_____
Signed covenant not to compete	_____	_____
Acceptance of policy and procedure manual	_____	_____

COMPILER/REVIEWER
 COMMENTS: _____
