



31 North 2nd Street, Suite 100, San Jose, CA 95113-1235
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CHECKLIST FOR PROSPECTIVE CAREGIVERS

Caregiver Name (PLEASE PRINT) _____

TWO forms of ID

1. California ID OR Drivers License
2. Alien Card, Citizenship, OR Proof of Residency

Social Security Card

(NB: If your card reads 'NOT VALID FOR EMPLOYMENT' we are unable to offer you employment)

***THE FOLLOWING ITEMS MUST BE IN YOUR FILE HERE AT THE OFFICE
BEFORE ANY EMPLOYMENT WILL BE ASSIGNED TO YOU:***

(On File ✓)

TB Test Clearance	_____
Certificates: CPR; First Aid, etc.	_____
Qualifications: CAN, HHA, etc.	_____
DMV Driving Record	_____
Proof of Car Insurance	_____
3 Letters of Previous Employment References	_____
3 Character references (no relatives)	_____
I-9 Form Completed	_____
W-4 Form Completed	_____
Live Scan Finger Printing (\$32.00 refundable)	_____

OFFICE USE ONLY

Paperwork Completed:	Y/N	Date Completed:	____ / ____ / ____
Orientation Completed:	Y/N	Date Completed:	____ / ____ / ____
Verified By: (A1 Care Rep)	_____	Hire Date:	____ / ____ / ____