Your Small Provider Agency (EOR)
Employee Required Documents
(BINDER B)

Staff Name: _____ **Date of Hire:** _

Employee Documents	Date Received	Initials	Expiration	Date Updated
NEW HIRE DOCUMENTS				
Application *(FSA Form)*				
Reference Check Release *(EOR Form)*				
References *(EOR Form)*				
Criminal Background Check and Driving Record Check *(FSA Form)*				
High School or College Transcript *(EOR Form)*				
Employment Agreement *(FSA Form)*				
"Good To Go" Letter *(FSA Form)*				
Pay Rate Sheet *(FSA Form)*				
Preferred Payment Method Form *(FSA Form)*				
Live-In Caregiver Exemption *(FSA Form)*				
Employee Emergency Contact Info *(EOR Form)*				
Employee Guidelines *(EOR Form)*				