

**PERSONNEL RECORDS
R9-5-402.A.**

1. Employee Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Phone #: _____ Cell #: _____

Position: _____ Alone Supervised

2. Documents required by R9-5-401 saw orig.
 High School Diploma/GED Certificate Verified by _____ by phone
 Work Experience name date by letter

3. Emergency Contact: _____ Phone # _____

4. Documents required by R9-5-301(F)
 Mantoux TB Test Results (prior to hire or w/in 12 hours of start date) _____
date of test
 A physician's written statement that the individual is free from TB

5. Immunization Statement: In Compliance with Arizona State Law, the undersigned does hereby testify that, to the best of his/her knowledge, immunizations against measles, rubella, diphtheria, and tetanus are current.

Employee Signature: _____ **Date:** _____

6. Current License or Certification
 AZ Drivers License (if a van driver) Expires: _____
 Food Handlers Card Expires: _____
 First Aid Certificate Expires: _____
 CPR Certificate Expires: _____

7. Verification of Fingerprint Registration:
 Original signed *Criminal History Affidavit* dated _____
 Copy of the *Applicant Fingerprint Registration Application* (application # _____)
 Copy of the *Fingerprint Clearance Card* (expiration date _____)(# _____)
 DPS contacted (date _____) (person _____)(status _____)

8. Written Documentation of Training required by R9-5-403
 New Staff Training within 10 days of starting date: _____
date of training
 Twelve Hours of Annual In-Service Training based on employment date
'08/'09: _____ hrs; '09/'10: _____ hrs; '10/'11: _____ hrs; '11/'12: _____ hrs

9. Hire Date: _____ Start Date:

10. Termination Date: _____

11. Performance Evaluation Dates: _____
(Every 12 months from date of employment)

12. 4 References:
 1 Written Professional
 1 Written Personal
 Verified contact with each of the 4 references

RETAIN ENTIRE FILE 12 MONTHS FROM TERMINATION DATE