

Date: _____

Date of Board Approval _____

Name: _____

Address: _____

Phone: _____

- _____ Application
- _____ Equal Emp. Opportunity
- _____ Sub Profile-Blue
- _____ I-9 -copy of DL and SS card
- _____ W-4 -copy of SS card
- _____ Direct Deposit-voided check
- _____ TB Test
- _____ Fingerprinting - Processing _____
- _____ County Substitute Cert. - processing _____
- _____ Stand. Cert. ___CEAS ___CE___ Area _____
- _____ Personnel Data Request Form
- _____ H.I.B. Training
- _____ Injury Form
- _____ Health Ins Coverage Option
- _____ Sexual Misconduct/Child Abuse Disclosure Release
- _____ Create position in Alio