

EMPLOYEE'S DOCUMENTATION RECORD

<u>Yes</u>	<u>No</u>	<u>N/A</u>	
[]	[]	[]	Education
[]	[]	[]	Qualifying Work Experience
[]	[]	[]	Orientation Training
[]	[]	[]	Criminal Records Check Application (date submitted_____)
[]	[]	[]	Fingerprints (date submitted_____)
[]	[]	[]	CPR Training, if any
[]	[]	[]	First Aid Training, if any
[]	[]	[]	Valid Driver's License
[]	[]	[]	Other Documentation (list)_____

Date Employed

Signature of Administrator/Person-in-Charge

Date