

2017-Health Center Employment Forms and Documentation Checklist

check off when done

- Signed Employment Agreement-** *Please return within 30 days*
(Agreements are sent individually at the time of hire and not available on-line.)

Please Complete and return these forms ASAP (BEFORE May 1)

- | | |
|--|---|
| <input type="checkbox"/> Voluntary Disclosure Statement (for background check) | <input type="checkbox"/> Healthy Living Contract |
| <input type="checkbox"/> Health History (Must be signed by a Doctor) | <input type="checkbox"/> Hepatitis B (OSHA) |
| <input type="checkbox"/> Medical Privacy Disclaimer (HIPAA) | <input type="checkbox"/> Federal W-4 |
| | <input type="checkbox"/> I-9/Employment Eligibility (Patriot Act) – complete Page 7 |

Please bring these with you when you come to camp:

- Form I-9 supporting documents*

*Camp Nejedda is required by law to SEE the original ID's.

Please photocopy and submit these additional items ASAP (BEFORE May 1)

- | | |
|---|---|
| <input type="checkbox"/> Three (3) Letters of Reference <ul style="list-style-type: none"><input type="checkbox"/> All NEW staff and returning staff if not already on file | <input type="checkbox"/> Copy of Prescription Card (If different) |
| <input type="checkbox"/> Immunizations List | <input type="checkbox"/> Copy of NJ Nurses License |
| <input type="checkbox"/> Copy of Health Insurance Card | <input type="checkbox"/> Copy of CPR Certification |
| | <input type="checkbox"/> Copy of Pump Certifications |

All forms must be submitted BEFORE arriving at camp to work.

Any questions, contact Camp Nejedda: information@campnejeda.org, 973-383-2611