

# Application Checklist: For Express Employment Use Only

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Applicant please staple ALL application documents to this checklist**

<p><b>1. CPR Card</b></p> <p><input type="checkbox"/> Copy of current CPR care (BLS for Healthcare Providers)</p>	<p><b>2. Criminal Background Check</b></p> <p><input type="checkbox"/> Completed <i>To be completed by Express Employment</i></p>
<p><b>3. 10-Panel Urine Drug Screen</b></p> <p><input type="checkbox"/> Documentation of negative drug screen (within 30 days of application) <i>To be completed by Express Employment</i></p>	<p><b>4. Hepatitis B Vaccination</b></p> <p><input type="checkbox"/> Documentation of immunity:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Vaccines 1,2,&amp; 3 completed</li> <li><input type="radio"/> Vaccination initiated: Date began _____</li> <li><input type="radio"/> Next dose due: _____</li> </ul> <p><input type="checkbox"/> Documentation of lab titer</p> <p><input type="checkbox"/> Signed waiver</p>
<p><b>5. Tuberculosis Screening: 2-step required</b></p> <p><input type="checkbox"/> Documentation of 2-step in past year</p> <p><input type="checkbox"/> TB test +: Documentation of a Negative Symptom Review in the past year</p>	<p><b>6. Measles, Mumps, Rubella (MMR)</b></p> <p><input type="checkbox"/> Documentation of vaccination</p> <p><input type="checkbox"/> Documentation of lab titer</p> <p><input type="checkbox"/> Signed physician statement</p>
<p><b>7. Varicella</b></p> <p><input type="checkbox"/> Documentation of vaccination 1&amp;2</p> <p><input type="checkbox"/> Documentation of lab titer</p> <p><input type="checkbox"/> Signed physician statement</p>	<p><b>8. Tetanus, Diphtheria, &amp; Pertussis</b></p> <p><input type="checkbox"/> Documentation of vaccination</p> <p><input type="checkbox"/> Signed physician statement</p>

**Please contact Holly Linerud at Express Employment Professionals at (541) 779-5522 when instructed by PHT. Make an appointment with for review of documents, background check, and urine drug screening.**

**Express Employment Professionals use only:**

Checklist completed and reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_