



EMPLOYEE FILE CHECKLIST		EMPLOYEE FILE CHECKLIST		EMPLOYEE FILE CHECKLIST	
Employee Name _____		Employee Name _____		Employee Name _____	
Employment Date _____		Employment Date _____		Employment Date _____	
<input type="checkbox"/> Employment Application <input type="checkbox"/> Education Proof <input type="checkbox"/> Attestation of Good Moral Character (completed annually) <input type="checkbox"/> Acknowledgment Form <input type="checkbox"/> Credentialing Requirement Documentation (if applicable)	All on file prior to employment	<input type="checkbox"/> Employment Application <input type="checkbox"/> Education Proof <input type="checkbox"/> Attestation of Good Moral Character (completed annually) <input type="checkbox"/> Acknowledgment Form <input type="checkbox"/> Credentialing Requirement Documentation (if applicable)	<input type="checkbox"/> All on file prior to employment	<input type="checkbox"/> Employment Application <input type="checkbox"/> Education Proof <input type="checkbox"/> Attestation of Good Moral Character (completed annually) <input type="checkbox"/> Acknowledgment Form <input type="checkbox"/> Credentialing Requirement Documentation (if applicable)	<input type="checkbox"/> All on file prior to employment
<input type="checkbox"/> Local Criminal Records Check <input type="checkbox"/> Fingerprint Card & Fee <input type="checkbox"/> Employment History Check	Submitted within 10 days of employment	<input type="checkbox"/> Local Criminal Records Check <input type="checkbox"/> Fingerprint Card & Fee <input type="checkbox"/> Employment History Check	<input type="checkbox"/> Submitted within 10 days of employment	<input type="checkbox"/> Local Criminal Records Check <input type="checkbox"/> Fingerprint Card & Fee <input type="checkbox"/> Employment History Check	<input type="checkbox"/> Submitted within 10 days of employment
<input type="checkbox"/> Local Criminal Records Check Results <input type="checkbox"/> Florida Department of Law Enforcement Results <input type="checkbox"/> Federal Bureau of Investigation Results		<input type="checkbox"/> Local Criminal Records Check Results <input type="checkbox"/> Florida Department of Law Enforcement Results <input type="checkbox"/> Federal Bureau of Investigation Results		<input type="checkbox"/> Local Criminal Records Check Results <input type="checkbox"/> Florida Department of Law Enforcement Results <input type="checkbox"/> Federal Bureau of Investigation Results	
<input type="checkbox"/> Start 40 Hour Training <input type="checkbox"/> Completed 40-hour training	<input type="checkbox"/> Within 90 days of employment <input type="checkbox"/> within 1-year of employment	<input type="checkbox"/> Start 40 Hour Training <input type="checkbox"/> Completed 40-hour training	<input type="checkbox"/> Within 90 days of employment <input type="checkbox"/> within 1-year of employment	<input type="checkbox"/> Start 40 Hour Training <input type="checkbox"/> Completed 40-hour training	<input type="checkbox"/> Within 90 days of employment <input type="checkbox"/> within 1-year of employment
<input type="checkbox"/> Literacy training	<input type="checkbox"/> Completed within 1 year of employment	<input type="checkbox"/> Literacy training	<input type="checkbox"/> Completed within 1 year of employment	<input type="checkbox"/> Literacy training	<input type="checkbox"/> Completed within 1 year of employment
<input type="checkbox"/> Approved Infant Training (if applicable)	<input type="checkbox"/> Completed within 90 days of employment if caring for infants	<input type="checkbox"/> Approved Infant Training (if applicable)	<input type="checkbox"/> Completed within 90 days of employment if caring for infants	<input type="checkbox"/> Approved Infant Training (if applicable)	<input type="checkbox"/> Completed within 90 days of employment if caring for infants
<input type="checkbox"/> First Aid Certificate <input type="checkbox"/> Infant/Child CPR Certificate <input type="checkbox"/> Annual Physical for Vehicle Driver <input type="checkbox"/> Current Driver's License	<input type="checkbox"/> When applicable	<input type="checkbox"/> First Aid Certificate <input type="checkbox"/> Infant/Child CPR Certificate <input type="checkbox"/> Annual Physical for Vehicle Driver <input type="checkbox"/> Current Driver's License	<input type="checkbox"/> When applicable	<input type="checkbox"/> First Aid Certificate <input type="checkbox"/> Infant/Child CPR Certificate <input type="checkbox"/> Annual Physical for Vehicle Driver <input type="checkbox"/> Current Driver's License	<input type="checkbox"/> When applicable
<input type="checkbox"/> 5 Year Local Criminal Records Check <input type="checkbox"/> 5 Year Florida Department of Law Enforcement Results	<input type="checkbox"/> 5 years from original clearance date	<input type="checkbox"/> 5 Year Local Criminal Records Check <input type="checkbox"/> 5 Year Florida Department of Law Enforcement Results	<input type="checkbox"/> 5 years from original clearance date	<input type="checkbox"/> 5 Year Local Criminal Records Check <input type="checkbox"/> 5 Year Florida Department of Law Enforcement Results	<input type="checkbox"/> 5 years from original clearance date