

**A & J Residential Services, LLC  
QUALITY ASSURANCE CHECKLIST  
FOR EMPLOYEE RECORDS**

EMPLOYEE'S NAME: \_\_\_\_\_

SECTION 1 – EMPLOYMENT VERIFICATIONS	STATUS OF DOCUMENT	Expiration DATE	PROGRAM DIRECTOR INITIAL'S
Application for Employment		N/A	
Resume		N/A	
Employment Reference (3)		N/A	
Verification of Valid Driver's License			
Current Driving Record- DMV		N/A	
W-4 Forms		N/A	
I-9 (Employment Eligibility Verification Documents): Valid Drivers License, Social Security Card, Birth Certificate & / or other eligibility verifications			
SECTION 2 – PERSONNEL	STATUS OF DOCUMENT		PROGRAM DIRECTOR INITIAL'S
Performance Evaluation			
Disciplinary Action(s)			
Other Adverse Actions			

SECTION 3- ACKNOWLEDGEMENTS / CONSENTS	STATUS OF DOCUMENT		PROGRAM DIRECTOR INITIAL'S
Correspondence (I.E., Memos, Letters, Forms, Etc...)			

SECTION 4 - CERTIFICATIONS	STATUS OF DOCUMENT	Expiration Date	PROGRAM DIRECTOR INITIAL'S
Behavior Management Training			
Medication Management Training			
1 <sup>st</sup> Aid Certification			
CPR Certification			
Medicaid Waiver Workbook Course & Test			
Human Rights Overview and Test			
OSHA Training Overview			
Food Handler's Card			
All Other In-Service Training Information			

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<b>SECTION (5)–Disciplinary Actions</b>	<b>STATUS OF DOCUMENT</b>	<b>PROGRAM DIRECTOR SINITIAL'S</b>
Verbal Warning Notice		
Written Notice of Disciplinary Action		
Corrective Action Plan / Performance Review Plan		
Termination Notice Letter		

<b>SECTION (A) – Medical / Criminal Checks (Separate File For These Documents)</b>	<b>STATUS OF DOCUMENT</b>	<b>PROGRAM DIRECTOR INITIAL'S</b>
Disclosure Statement		
Criminal Background Check		
TB TEST Results		
Doctor Notes / Letters		
Worker Compensation Claims		

<b>SECTION (B) – Medical / Criminal Checks (Separate File For These Documents)</b>	<b>STATUS OF DOCUMENT</b>	<b>PROGRAM DIRECTOR INITIAL'S</b>
TB TEST Results		
Doctor Notes / Letters		
Worker Compensation Claims		