

Facility label	
Date (month, day, year)	

## FACILITY COMPLETES COLUMNS A, B, AND C. MAKE ADDITIONAL COPIES AS NEEDED. Include all contractual consultants.

	B. JOB TITLE	C. START DATE (mm/dd/yyyy)	D. LICENSE OR CERT.	E. PRE- EMPLOYMENT SCREENING		F. PHYSICAL EXAM	G. TB TEST			H. JOB DESC.	I. ORIENT.		IN-SI	ES		
A. FULL NAME				Criminal	References		1st Step	2 <sup>nd</sup> Step	Chest X-ray	Annual Risk Assessment		General	Specific	Resident Rights	Dementia	Abuse
1.	Administrator															
2.	Director of Nursing															
3.	Medical Director															
4.	Beautician															
5.	Dementia Care Director															
6.	Pharmacist															
7.	Registered Dietician															
8.	Activity Director															
9.	Social Service / SSD															
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## EMPLOYEE RECORDS (continued) State Form 5440 (R6 / 7-21)

## FACILITY COMPLETES COLUMNS A, B, AND C. Include all contractual consultants.

A. FULL NAME		C. START DATE (mm/dd/yyyy)	D. LICENSE OR CERT.	E. PRE- EMPLOYMENT SCREENING		F. PHYSICAL EXAM	G. TB TEST			H. JOB DESC.	I. ORIENT.		IN-SI	ES		
	B. JOB TITLE			Criminal	References		1st Step	2 <sup>nd</sup> Step	Chest X-ray	Annual Risk Assessment		General	Specific	Resident Rights	Dementia	Abuse
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