



CONFIDENTIAL DOCUMENTS ATTACHMENT UPLOAD FORM

Please attach clear and legible copies of the required documents listed below. All documents must be current and valid.



EMPLOYEE INFORMATION

Full Name: Date:


Email Address: Phone Number:

Please upload the following required documents in the spaces provided below.


1. DRIVER'S LICENSE (Front and Back)

<div style="display: flex; justify-content: space-around;"> <div style="border: 1px dashed red; padding: 10px; text-align: center;">  UPLOAD HERE <i>(Front)</i> </div> <div style="border: 1px dashed red; padding: 10px; text-align: center;">  UPLOAD HERE <i>(Back)</i> </div> </div>	<p>DOCUMENT INFORMATION</p> <p>State Issued: <input style="width: 100%;" type="text"/></p> <p>License Number: <input style="width: 100%;" type="text"/></p> <p>Expiration Date: <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Received / Uploaded</p>
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2. CAR REGISTRATION (Upload Document)

<div style="border: 1px dashed red; padding: 10px; text-align: center;">  UPLOAD HERE <i>(Document)</i> </div>	<p>DOCUMENT INFORMATION</p> <p>State Issued: <input style="width: 100%;" type="text"/></p> <p>Plate / VIN Number: <input style="width: 100%;" type="text"/></p> <p>Expiration Date: <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Received / Uploaded</p>
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3. CAR INSURANCE (Upload Document)

<div style="border: 1px dashed red; padding: 10px; text-align: center;">  UPLOAD HERE <i>(Document)</i> </div>	<p>DOCUMENT INFORMATION</p> <p>Insurance Company: <input style="width: 100%;" type="text"/></p> <p>Policy Number: <input style="width: 100%;" type="text"/></p> <p>Expiration Date: <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Received / Uploaded</p>
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4. PERMIT TO WORK IN USA <i>(Passport, U.S. voter registration card, or birth cert...)</i>	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px dashed red; padding: 10px; text-align: center;">  <p>UPLOAD HERE <i>(Front)</i></p> </div> <div style="border: 1px dashed red; padding: 10px; text-align: center;">  <p>UPLOAD HERE <i>(Back)</i></p> </div> </div>	<p>DOCUMENT INFORMATION</p> <p>Document Type: <input style="width: 100%;" type="text"/></p> <p>Document Number: <input style="width: 100%;" type="text"/></p> <p>Expiration Date (if applicable): <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Received / Uploaded</p>
5. SOCIAL SECURITY <i>(Front and Back)</i>	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px dashed red; padding: 10px; text-align: center;">  <p>UPLOAD HERE <i>(Front)</i></p> </div> <div style="border: 1px dashed red; padding: 10px; text-align: center;">  <p>UPLOAD HERE <i>(Back)</i></p> </div> </div>	<p>DOCUMENT INFORMATION</p> <p>Name on Card: <input style="width: 100%;" type="text"/></p> <p>Last 4 Digits: <input style="width: 100%;" type="text"/></p> <p>Verified By: <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Received / Uploaded</p>
6. DIRECT DEPOSIT <i>(Upload Document)</i>	
<div style="border: 1px dashed red; padding: 10px; text-align: center;">  <p>UPLOAD HERE <i>(Document)</i></p> </div>	<p>DOCUMENT INFORMATION</p> <p>Bank Name: <input style="width: 100%;" type="text"/></p> <p>Account Type: <input style="width: 100%;" type="text"/></p> <p>Verified By: <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Received / Uploaded</p>
7. NSO <i>(Upload Document)</i>	
<div style="border: 1px dashed red; padding: 10px; text-align: center;">  <p>UPLOAD HERE <i>(Document)</i></p> </div>	<p>DOCUMENT INFORMATION</p> <p>Document Date: <input style="width: 100%;" type="text"/></p> <p>Reference Number (if applicable): <input style="width: 100%;" type="text"/></p> <p>Expiration Date (if applicable): <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Received / Uploaded</p>




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8. PHYSICAL EXAM		<i>(Upload Document)</i>
 <p>UPLOAD HERE <i>(Document)</i></p>	<p>DOCUMENT INFORMATION</p> <p>Provider / Clinic: <input type="text"/></p> <p>Exam Date: <input type="text"/></p> <p>Expiration Date: <input type="text"/></p> <p><input type="checkbox"/> Received / Uploaded</p>	
9. REQUIREMENTS OF WAIVER PROVIDERS		<i>(Inservices Training Florida APD)</i>
 <p>UPLOAD HERE <i>(Certificate / Proof)</i></p>	<p>DOCUMENT INFORMATION</p> <p>Training Source: <input type="text"/></p> <p>Completion Date: <input type="text"/></p> <p>Certificate Number (if applicable): <input type="text"/></p> <p><input type="checkbox"/> Received / Uploaded</p>	
10. DIRECT CORE COMPETENCIES		<i>(Inservices Training Florida APD)</i>
 <p>UPLOAD HERE <i>(Certificate / Proof)</i></p>	<p>DOCUMENT INFORMATION</p> <p>Training Source: <input type="text"/></p> <p>Completion Date: <input type="text"/></p> <p>Certificate Number (if applicable): <input type="text"/></p> <p><input type="checkbox"/> Received / Uploaded</p>	
11. ZERO TOLERANCE		<i>(Inservices Training Florida APD)</i>
 <p>UPLOAD HERE <i>(Certificate / Proof)</i></p>	<p>DOCUMENT INFORMATION</p> <p>Training Source: <input type="text"/></p> <p>Completion Date: <input type="text"/></p> <p>Certificate Number (if applicable): <input type="text"/></p> <p><input type="checkbox"/> Received / Uploaded</p>	

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12. HIPAA <i>(Inservices Training Florida APD)</i>	
 UPLOAD HERE <i>(Certificate / Proof)</i>	DOCUMENT INFORMATION Training Source: <input type="text"/> Completion Date: <input type="text"/> Certificate Number (if applicable): <input type="text"/> <input type="checkbox"/> Received / Uploaded
13. HIV <i>(Inservices Training Florida APD)</i>	
 UPLOAD HERE <i>(Certificate / Proof)</i>	DOCUMENT INFORMATION Training Source: <input type="text"/> Completion Date: <input type="text"/> Certificate Number (if applicable): <input type="text"/> <input type="checkbox"/> Received / Uploaded
14. CPR AND FIRST AID <i>(Inservices Training Florida APD)</i>	
 UPLOAD HERE <i>(Certificate / Card)</i>	DOCUMENT INFORMATION Training Provider: <input type="text"/> Completion Date: <input type="text"/> Expiration Date: <input type="text"/> <input type="checkbox"/> Received / Uploaded
15. OSHA <i>(Inservices Training Florida APD)</i>	
 UPLOAD HERE <i>(Certificate / Proof)</i>	DOCUMENT INFORMATION Training Source: <input type="text"/> Completion Date: <input type="text"/> Certificate Number (if applicable): <input type="text"/> <input type="checkbox"/> Received / Uploaded

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16. TRAINING FLORIDA TRANSCRIPT		<i>(Inservices Training Florida APD)</i>
 UPLOAD HERE <i>(Transcript)</i>	DOCUMENT INFORMATION Training Platform: <input type="text"/> Transcript Date: <input type="text"/> Verified By: <input type="text"/> <input type="checkbox"/> Received / Uploaded	
17. DOMESTIC VIOLENCE		<i>(Inservices School HHA)</i>
 UPLOAD HERE <i>(Certificate / Proof)</i>	DOCUMENT INFORMATION Training Source: <input type="text"/> Completion Date: <input type="text"/> Certificate Number (if applicable): <input type="text"/> <input type="checkbox"/> Received / Uploaded	
18. ALZHEIMER		<i>(Inservices School HHA)</i>
 UPLOAD HERE <i>(Certificate / Proof)</i>	DOCUMENT INFORMATION Training Source: <input type="text"/> Completion Date: <input type="text"/> Certificate Number (if applicable): <input type="text"/> <input type="checkbox"/> Received / Uploaded	

ACKNOWLEDGMENT

I certify that the documents provided are true, correct, current, and belong to me. I understand that any falsification or misrepresentation may be grounds for disqualification or termination.

Employee Signature: Date:

Thank you for providing the required documents.

FOR OFFICE USE ONLY	
Documents Received By: <input type="text"/>	Date Received: <input type="text"/>