



# EMPLOYMENT 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)*



UPLOAD HERE

*(Front)*



UPLOAD HERE

*(Back)*

#### DOCUMENT INFORMATION

State Issued: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### 2. LOCAL SHERIFF BACKGROUND CHECK

*(Upload Document)*



UPLOAD HERE

*(Local Sheriff Background Check)*

#### DOCUMENT INFORMATION

Issuing Agency / Sheriff's Office: \_\_\_\_\_

Date of Background Check: \_\_\_\_\_

Report / Reference Number (if applicable): \_\_\_\_\_

### 3. CERTIFICATE (HHA, RN, LPN, CNA, ETC.)

*(Upload Document)*



UPLOAD HERE

*(Certificate)*

#### DOCUMENT INFORMATION

Certificate Type: \_\_\_\_\_

License / Certificate Number: \_\_\_\_\_

Expiration Date (if applicable): \_\_\_\_\_

## ACKNOWLEDGMENT

I certify that the documents provided are true, correct, 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: \_\_\_\_\_ Date Received: \_\_\_\_\_