



HOLY CROSS HOSPITAL
AGENCY / CONTRACTOR EMPLOYEE PROFILE

Name of Contracted Personnel: _____ **SS#:** _____

Skill Type: _____ **Name of Agency:** _____

RECEIVED				
ITEMS REQUIRED	YES	N/A	RENEWAL/ EXP. DATE	COMMENTS
Licensure/Certification required by job description				
Primary Source License Verification				
CPR (If Applicable) Verification				
Evidence of Employment Eligibility (I9) + E-Verify Clearance				
Resume				
Reviewed OIG LEIE				
Completed National Sexual Predator/Offender Search Verification				
Background Check (7-year Criminal History)				
Employment Verification (Past 7yrs)				
Signed acknowledgement of job description				
Evidence of Completion:				
Online Orientation Modules				
EOC/Safety Test				
Signed Confidentiality & Data Security				
Five panel drug test results				
Verification of Health Screening:				
Communicable Disease Check				
Rubella				
Measles				
Mumps				
Hepatitis Series (If Applicable)				
Other: _____				
Proof of completed PPD (within 1 year)				