

SEKRS EMPLOYEE CHECK SHEET

The following items need to be completed and returned to the below address before beginning employment with SEKRS, Inc.

- _____ COPY OF CPR CERTIFICATION: ADULT & INFANT/CHILD**
- _____ COPY OF FIRST AID CERTIFICATION**
- _____ COPY OF CURRENT DRIVER'S LICENSE
- _____ COPY OF SOCIAL SECURITY CARD
- _____ COMPLETED K-4 FORM
- _____ COMPLETED W-4 FORM
- _____ COMPLETED I-9 FORM
- _____ AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT FORM
- _____ DOCUMENTATION OF TB TEST (can be obtained at Parsons State Hospital and Training Center or any medical clinic)
- _____ COPY OF CURRENT AUTO INSURANCE CARD
- _____ PROOF OF CURRENT VEHICLE INSURANCE, SHOWING LIABILITY LIMITS (example: \$50,000 per person, \$100,000 per accident)
- _____ LIST OF PREVIOUS TRAININGS OR CLASSES RELEVANT TO WORKING WITH INDIVIDUALS WITH SPECIAL NEEDS (please attach to back of form)

Please mail via U.S. Mail (do not email) these completed forms to:

SEKRS, Inc.
P.O. Box 936
Parsons, KS 67357

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 620-421-6550, ext. 1642 for DIANE or ext. 1670 for MARY.

**CPR and First Aid classes are available, just call us to be enrolled.