



**EMPLOYMENT DOCUMENTATION LIST REQUIREMENTS**

**GENERAL INFORMATION**

- Application    Resume    Driver License or State ID    Social Security Card    High School Diploma/GED    Transcripts    Class Schedule    Job Description    Emergency Contact
- Observation Form    Disclosure Agreement Statement    Daily Schedule    Confidentiality Agreement    Children’s Emergency    Emergency Preparedness Plan    PAX    Keystone Stars Acknowledgement    PASS    Form W-4    Completed I-9 Form    Direct Deposit
- WC Rights and Duties    Verification of Employment
- 2 Letters of Recommendation (non-family) typed & signed original signature with contact information.
- 2,500 hrs. worked experience letter(s) typed & signed with original signature and contact information.    Staff Evaluation    YACG ID    Staff & Family Handbook-online

**TRAINING INFORMATION: RETURN ALL ORIGINAL TRAINING CERTIFICATES TO OFFICE**

- Mandated Reporting    Health & Safety
- Professional development trainings (12hrs yearly education is licensed required)

**Employee Online Training:**

Go to “Better Kid Care”

<http://extension.psu.edu/youth/betterkidcare>

- Fire Safety Training annually-provided by YACG
- First Aide/CPR Training-provided by YACG    Water Safety

**MEDICAL INFORMATION:**

**Appointment Date** \_\_\_\_\_ **Place** \_\_\_\_\_

Health Assessment Report (every two years needed)   Date \_\_\_\_\_

TB Shot (once upon hire) Date \_\_\_\_\_

**CLEARANCES: RETURN ALL ORIGINAL CERTIFICATES TO OFFICE**

Child Abuse Clearance \$8 Fee - completed at YACG office  Child Abuse Clearance  
(received)

Police Clearance Report \$35 Fee -completed at YACG office

FBI Registration \$27.50 Fee- completed at YACG office & provide fingerprint locations

NOTE: The above clearance Fees will be paid by YACG and will be deducted from employee's Payroll

I acknowledge that it is my responsibility to ensure all of the above employment documentation requirements are completed in a timely manner **WITHIN THE FIRST 10 WORKING DAYS OF MY EMPLOYMENT**

Receipt of copies to Youth Development Professional

Staff Full Name Print: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date \_\_\_\_\_

Administration Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**YACG - DISCLOSURE STATEMENT**