On Call Staffing
On - Boarding Checklist

Please note that we will need **ALL** of the items below completed and returned to our office. Documents can be returned in person, via fax, or mail.

____ Completed Application (Included in Application Package)

____ Resume

____ Copy of Professional License

____ Copy of BLS/ACLS/PALS (Both front and back)

____ Copy of Current PPD Results

____ Copy of Social Security Card

____ Copy of Driver's License

____ Completed I-9 Form (Included in Application Package)

____ Signed Contractors Agreement (Included in Application Package)

____ Background Check

____ Completed Skills Checklist (if applicable)

____ Other

NOTES:

On Call STAFFING
4236 Columbia Road
Martinez, GA 30907
P. 706-496-2089 F. 706-504-4723
staff@oncallmedstaffing.com

Employment Application

Personal Information

Date: _____/_____/_____

Date Available to Work: _____/_____/_____

Name: _____ Phone: (_____) _____-_____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Social Security Number: _____-_____-_____

Medical Experience

APRN _____ RN _____ LPN _____ CNA _____ Other: _____

Total Years of Experience: _____

Schedule Preference

Full-Time _____ Part-Time _____ PRN _____

Open Availability? Yes _____ No _____. If not, please specify availability below:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Day							
Evening							
Night							

Emergency Contact Information

Name: _____ Phone: (_____) _____-_____

Address: _____

Relationship: _____

Education. Please fill out at least one of the following rows completely**.**

Graduate School: _____ State: _____ Year Graduated: _____

Degree Type: _____

Nursing School: _____ State: _____ Year Graduated: _____

Degree Type: _____

College/University: _____ State: _____ Year Graduated: _____

Degree Type: _____

Vocational/Technical: _____ State: _____ Year Graduated: _____

Degree Type: _____

Clinical Experience.

Please identify amount of experience (in years) you have in each area listed below.

Critical Care: _____ Cardiac Cath Lab: _____ Emergency Room: _____

Telemetry: _____ Med/Surg: _____ Rehab: _____ Orthopedics: _____

Peds: _____ Labor&Delivery: _____ Operating Room: _____ Dialysis: _____

Psychiatric Nursing: _____ Other: _____

Professional Licensure

License Number: _____ State: _____

Additional states in which you currently hold professional license: _____

Have you ever held a license under a different name? _____

If yes, please list name and location:

_____

If you answer yes to any of the following questions, please attach a separate sheet with circumstances, dates, and final outcome.

Have you ever been convicted of a crime other than a minor traffic violation? Yes _____ No _____

Has your license or certification ever been investigated or suspended? Yes _____ No _____

Have you ever been name as a defendant in a malpractice claim? Yes _____ No _____

Employment Status

Are you a U.S. Citizen (yes) _____ (no) _____.

If not a U.S. citizen, please indicate your immigration status:

HI-B Visa _____ TN Visa _____ Resident Alien _____ Other _____

Additional Information

How did you hear about us? _____

If referral, please indicate whom: _____

Have you ever applied with us before? Yes _____ No _____ If so, when? _____

Employment History

Include at least the last 5 years, beginning with your current or most recent position.

Employment Dates From (month/year): _____/_____ To (month/year): _____/_____

Hospital/Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Phone: (_____) _____-_____

Supervisor Name and Title: _____

Last Wage Earned: _____

Reason for Leaving: _____

May we contact this employer? Yes_____ No _____

Employment Dates From (month/year): _____/_____ To (month/year): _____/_____

Hospital/Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Phone: (_____) _____-_____

Supervisor Name and Title: _____

Last Wage Earned: _____

Reason for Leaving: _____

May we contact this employer? Yes_____ No _____

Employment Dates From (month/year): _____/_____ To (month/year): _____/_____

Hospital/Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Phone: (_____) _____-_____

Supervisor Name and Title: _____

Last Wage Earned: _____

Reason for Leaving: _____

May we contact this employer? Yes_____ No _____

Employment Dates From (month/year): _____/_____ To (month/year): _____/_____

Hospital/Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Phone: (_____) _____-_____

Supervisor Name and Title: _____

Last Wage Earned: _____

Reason for Leaving: _____

May we contact this employer? Yes_____ No _____

APPLICATION ACKNOWLEDGEMENT AUTHORIZATION AND RELEASE

I _____ certify that the information in this application and any supporting documentation is true, accurate, current and complete. I understand that any misstatement, misrepresentation, omission or falsification of facts on this application or supporting documentation may result in disqualification from further consideration or termination of contractual agreement.

I authorize On Call Staffing, LLC to investigate my employment history, professional licensure and credentials and to obtain any relevant information (including criminal background check) needed to make a decision regarding utilizing my services. I authorize On Call Staffing, LLC to contact any current or former employer, staffing companies through whom I have worked, state licensing boards, professional organizations, references, medical malpractice insurance carriers, educational institutions and any other sources of information about me to inquire about my background, education, work history, character, experience and clinical skills. I authorize On Call Staffing, LLC to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize On Call Staffing, LLC to disclose any of my performance appraisals, disciplinary records or skills assessments for the same purposes as above. I release On Call Staffing, LLC and any individual or entity providing information to On Call Staffing, LLC from all liability for any damages resulting from disclosure of this information.

I also understand and agree that passing a medical examination and/ or participating in a post – conditional offer medical screening may be required. If medical restrictions cannot be reasonably accommodated, my services may not be utilized as an independent contract nurse.

I consent that, subject to applicable state laws, On Call Staffing, LLC is a Drug Free Workplace and reserves the right to conduct drug screening and testing for reasonable suspicion at any time during our contractual agreement. Any violation of this policy shall result in termination of my services with On Call Staffing, LLC.

I understand and agree that nothing contained in this employment application or in granting of an interview creates an employment between On Call Staffing, LLC and myself. No promises regarding employment have been made to me. If any employment relationship is established, I understand that my employment will be terminable "at will", that I will have the right to terminate my employment at any time, and that On Call Staffing, LLC will retain a similar right to terminate my services at any time.

Signature of Applicant: _____

(Date)

<u>On Call Staffing, LLC is an Equal Opportunity Employer</u>

Pursuant to Title VII of the Civil Rights Act of 1964 (42 U.S. C s200d et seq.) and 45 C.F.R. Part 80, Section 504 of the Rehabilitation Act of 1973, as amended (29 U. S. C s794) and 45 C. F. R Part 84, and the Age discrimination Act of 1975 (42 U. S. C s6101 et seq.) and 45 C. F. R. Part 91, the agency adheres to an equal opportunity policy for all persons seeking contractual employment, and for all persons employed by the agency. On Call Staffing, LLC. does not discriminate on the basis of age, race, color, religion, military status, marital status, gender, gender preference, national origin, or disability.

HEPATITIS B VACCINATION STATUS

I _____ acknowledge that I am at risk of exposure or have been unknowingly exposed to Hepatitis B as a result of my employment and acknowledge that the Agency will arrange for me to receive the Hepatitis vaccine at no cost to myself. I:

_____ request that I receive the Hepatitis vaccine.

_____ **refuse the Hepatitis vaccine and hold harmless On Call Staffing**.

I understand that by declining the vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccine series at no charge to me.

_____ have previously completed the Hepatitis B vaccine series.

_____ cannot receive the Hepatitis B vaccine series due to a medical contraindication.

Signature of Applicant: _____

(Date)

NON-DISCLOSURE STATEMENT

I understand I may come in contact with confidential information, both clinical and personnel related, through written records, documents, ledgers, and internal verbal correspondence and communication.

I agree not to divulge or disclose to anyone directly or indirectly, either during or after my work with On Call Staffing, LLC any confidential information acquired during the course of my work with this organization.

I understand and acknowledge that in the event I breach any provision of this agreement, On Call Staffing, LLC in addition to any other legal remedies available to them, has the right to reprimand, suspend and/or terminate my working relationship with or without notice at their discretion.

I also agree not to serve as an expert witness in any case on behalf of any plaintiff wherein medical care was given by me, at any time during or after working with On Call Staffing, LLC.

Signature of Applicant: _____

(Date)

4236 Columbia Road
Martinez, Georgia 30907
P. 706-496-2089
F. 706-504-4723

Independent Contractor's Statement of Understanding & Business Agreement

1. I understand that contractors will be paid hourly for subcontracting to client facilities.
2. I understand that I may be pulled to other areas in the facility, at the client facilities discretion, if I refuse, I agree to contact the office first at 706-496-2089.
3. I understand that I can contact the on-call person after hours (24 hours a day).
4. I understand that I am not an employee of any of the facilities. Any changes to my schedule or cancellations must be handled by On Call Staffing, LLC. No changes should go through the facility.
5. I understand that I must have a signed time sheet in order to receive payment for any given shift during that pay period. If I fail to have a time sheet signed. I must wait until a facility representative is able to confirm that I actually worked that particular shift.
6. I understand that if I need to cancel, I must contact On Call Staffing, LLC (not the client facility) within 4 hours prior to the start of my scheduled shift. If I fail to cancel my shift 4 hours in advance of my shift start time, I understand that I may be charged for the 4 hours.
7. I understand that if I am a no call/no show, I may be made a DNR (Do Not Return) to that client facility and will not be allowed to return to work there.
8. I understand that falsifying work sign in sheets is considered forgery and may be viewed as a criminal act.
9. I understand that excessive/consistent cancellations or failure to provide current licensure and certifications my render my work status "inactive" and I will not be able to work.
10. I understand On Call Staffing, LLC is not responsible for providing Worker's Compensation or Professional Liability Insurance for me because of my independent contractor status and that I am responsible for providing my own Professional Liability Insurance.
11. I understand that I am not an employee of On Call Staffing, LLC and as an independent contractor I will receive a 1099 from On Call Staffing, LLC, and at the end of the tax year, I am responsible for my own tax reporting.
12. I authorize and understand that my application packet (to include Social Security number and Health Status Information) may be released to client facilities.

Pay Periods:
On Call Staffing, LLC's pay periods begin Sunday and ends on Saturday. If your time sheet is not signed by the facility, you will not be paid.

Overtime:
All overtime must be pre-approved.....no exceptions!!!!!! Contractor must write OT on their time sheet for that shift. This section must be initialed by a facility representative.

Lunch Breaks:
30 minutes will be automatically deducted for each shift. It is your duty as a professional to manage your time wisely. All workers are entitled to a 30 minute lunch break...TAKE IT. If you work a double, you will be required to take two 30-minute breaks.

Independent Contractor Business Agreement

This agreement made on the _____ day of _____, 20_____, by and between **On Call Staffing, LLC**, hereinafter called the "corporation" having its principal place of business in Martinez, GA and _____ residing at _____, City of _____, State of _____, a nurse (LPN or RN)/certified nursing assistant (CNA), and public independent contractor of his/her services to the health care field, hereinafter called the "contractor", by which the parties intended and agree, that their relationship shall be one of corporation and independent contractor respectively and that said contractor shall enjoy all rights and privileges, and be obligated and responsible to corporation, for all the duties normally assumed and/or incurred by those commonly referred to, accepted as, and holding themselves to the public as independent contractor in commerce and general business.

Whereas, corporation and contractor desire to enter into an agreement whereby corporation will contract with third party clients, hereinafter referred to as "clients", to utilize the services of certain independent nurse contractors from time to time, and whereby said corporation herein will make available his/her services to said client(s) by, from time to time, offering compensation to contractor for his/her services whereby contractor will supply his/her services to third party client(s). Corporation and contractor will always be and remain in a relationship of corporation and independent contractor, therefore, corporation and contractor herein agree further, that each shall be governed during said arrangement, and for purposes of this contract, by the provisions set out herein below:

Description of Services:

a) The corporation hereby agrees that it has and will contract with certain hospitals, nursing homes, health institutions, (clients), to provide the availability of independent contract nurses or certified nurses assistant to said client(s). The corporation further hereby agrees to utilize contractor, on an independent contractual basis, in providing said services to said client(s), whenever, wherever, and however, said client(s) requires; provided that contractor is competent with regard to, and familiar with the services requested by client(s).
b) Should contractor agree to provide his/her services to client(s) for a designated shift and/or designated time, contractor is bound by this agreement to provide said services. Should contractor not be able to fulfill his/her obligations to the client(s), he/she shall notify corporation not less than four (4) hours prior to the beginning of said nursing shift. In the event contractor is absent for a shift which he/she agreed to fulfill, and should contractor fail to notify corporation four (4) hours prior to start of said shift, corporation shall have the option of immediately terminating this agreement, without regard to circumstances or reason leading to contractor's absence and/or failure to notify corporation. Contractor may also be charged 4 hours of time.

c) While contractor is performing said nursing duties, he/she is representing himself/herself and utilizing professional judgment as an independent contractor. This professional judgment is in the sole discretion of the contractor, and is to include all routines, practices and subjective decisions necessary to fulfill to contracted service. Contractor also agrees not to perform duties outside of his/her scope of practice/licensure.
d) The corporation will provide forms for the contractor to systemically document proof of school, licensure, knowledge, skills, and experience to enable the client(s) to place the contractor in the proper area to be serviced. The corporation and the client(s) will keep a record of this information, if client(s) so desires.
e) The contractor will not, under any circumstances, act as an agent of the corporation. The contractor shall be solely responsible for his/her own professional training and cost of such training. The contractor shall also be solely responsible for maintaining his/her licenses and for costs of such. The corporation should have no right and shall not direct, supervise, oversee, or control or be responsible for the supervision, direction, or control of the contractor while said contractor is performing services for the client(s), either as to the result to be accomplished. The contractor is responsible for furnishing his/her own uniforms, transportation, tools, instruments, and written material of a professional nature required in the practice of professionalism.
f) Corporation and contractor hereby agree that the client(s) has the authority to direct, supervise, oversee and/or control contractor and can prohibit contractor from working in its facility, if it deems contractor is unfit, renders inadequate service. In this event, the contractor's then existing contract with the corporation shall be automatically terminated, and shall become null and void as of the end of the last day of work by contractor for client(s). Contractor shall be entitled to charge corporation for the time and services actually rendered to the client.

Terms of Agreement:

a) The corporation and contractor herein, shall mutually agree upon services to be provided on a daily, weekly, or monthly basis, depending on the corporation's client(s) requirements and the contractor's desired work volume and availability. Subject to any pre-existing work commitments to others, which contractor shall be permitted to engage in under the terms of this agreement, contractor hereby agrees to make available his/her services to corporation's client(s), in not less than four and not more than sixteen hour increments per day, at any of corporations client location mutually agreed upon by corporation and Contractor herein, during the terms of this agreement.
b) Unless otherwise provided herein, the terms of this agreement will be valid for a period of one year from date of execution, and will renew each year automatically.

Notice of Termination:

Either party upon thirty (30) days advance written notice to the other party may terminate this agreement, contractor understands that during that 30 day period he or she can be considered inactive in status.

Fees for Service:

The contractor shall be compensated for services rendered to client(s) on a weekly basis. The corporation shall advance to the contractor full payment subject to the collection and/or reimbursements from the client(s), for the corporation's charges covering the contractor's service fees. In the event the corporation's client(s) fail or refuse to make payment to the corporation for any services previously rendered by the contractor herein, the contractor hereby agrees to reimburse the corporation for any such fee payments previously advanced.

Taxes and Withholding:

Contractor hereby states his/her rights and intention to represent himself/herself as an independent nurse contractor to the general public, and to operate his own independent business, as an independent nurse contractor. Furthermore, contractor understands, acknowledges and agrees that he/she shall be solely responsible for complying with all Federal and State Income Tax and Payroll Tax Laws, requirements, and payments, resulting from his/her services. Contractor understands, acknowledges, and agrees that he/she may be required to pay quarterly estimated taxes, or pay a penalty for failing to do so. Said contractor shall complete an Internal Revenue Service Form W-9 (Request for Tax Payer's Identification Number and Certification).

Professional Liability Insurance:

All of the corporation's clients demand proof of professional liability coverage on all nurse contractors, therefore, contractors shall be responsible for obtaining his/her own professional liability insurance at his/her expense. The limit must be $1,000,000 each person, $3,000,000 aggregate. The corporation will provide for its own professional liability insurance at its expense.

General Liability Insurance:

Contractor shall be responsible for obtaining his/her own general liability insurance at his/her own expense. The corporation will provide for its own general liability insurance at its expense.

Worker's Compensation Insurance:

Contractor agrees to waive his/her claim to Worker's Compensation Insurance from Corporation.

Compliance:

a) Contractor shall be responsible for compliance with the policies and procedures of the client(s), as set forth by Joint Commission on Accreditation of Hospitals, HIPAA, and the State Board of Nursing in the state where he/she is working.
b) Contractor is also responsible for complying with current education requirements as indicated by the State Board of Nursing in the state that said continuing education is required.
c) The corporation recognizes and agrees that contractor may provide its services to any other person or entity, and contractor hereby agrees to use his/her best good faith efforts to perform under the condition of this agreement.

In Witness Whereof, the parties hereto have executed this agreement on this _____ day of _____, 20_____, the effective date of this agreement is to be as herein above first indicated.

Independent Contractor:

Name: _____ Date: _____/_____/_____

Signature: _____

On Call Staffing, LLC. Representative:

Name: _____ Date: _____/_____/_____

Signature: _____

Witness:

Name: _____ Date: _____/_____/_____

Signature: _____

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

►**START HERE:** **Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date*(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			**B.** Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any)* *(mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** Native American tribal document
		6. Military dependent's ID card		**6.** U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		**8.** Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.