

Salus Solutions / SOI New Hire Forms

We will need the following paperwork to complete your employment with Salus Solutions. Please mail it to 7330 Fern Ave Suite 502 Shreveport, LA 71105 or fax to Salus Solutions at 866-730-0708 (fax) or scan and email it to your recruiter.

Salus New Hire Application: (all forms need to be completed)

- 1. Contact & Resident Information (Section 1)
- 2. W-4 Employee's Withholding Allowance Certificate
- 3. I-9 Employment Eligibility Verification
- 4. Assigned Employee Eligibility Verification
- 5. Authorization for Payroll Direct Deposit and **copy of voided check or bank printed letter showing account information. We** <u>MUST</u> have one of these documents to set up direct deposit.
- 6. Copy of Drivers License, Passport or Government ID
- 7. Copy of Social Security Card

Salus Solutions Forms:

- 8. Signed Temporary Employment Agreement (this is your contract with Salus)
- 9. Salus Policies about overtime, holidays and guaranteed hours Signed
- 10. Background Release Form **Exp. Date:**
- 11. Skills Checklist
- 12. Reference Check Form
- 13. HIPPA Test
- 14. TB Test Results (please call SALUS to schedule)
- 15. Drug Screen Exp. Date:
- 16. Immunization Records MMR

Exp. Date:

- 17. Letter of Good Health or Physical from a Physician **Exp. Date:**
- 18. HBV Declination or Shot Records
- 19. Copy of State License **Exp. Date:**
- 20. Copy of CPR Card Exp. Date:
- 21. Copy of Auto Insurance (Rehab Care Group Only)
- 22. Housing Meal Allowance Representation Form
- 23. Tax Home Representation Form
- 24. Policies for Overtime guaranteed hours

Insurance Forms:

1. To enroll in Medical and Dental fill out the BlueCross BlueShield of Louisiana. "Employee Enrollment" application. WHEN YOU ENROLL IN OUR MEDICAL YOU ARE AUTOMATICALLY ENROLLED IN THE LIFE INSURANCE BENEFIT. SECTION "F" ON PAGE 2 MUST BE COMPLETED <u>IN FULL</u> FOR ANY OF YOUR INSURANCE FORMS TO BE PROCESSED. IF SECTION "F" IS NOT COMPLETED, BCBS WILL NOT ENROLL YOU IN ANY PART OF OUR INSURANCE.

2. To enroll in Vision fill out the Always Care enrollment form and check Vision coverage ONLY.



"Allied Services Division"