Employment Paperwork Request Form

Within 1 business day of receiving this form Lifeworks will send the employee their employment paperwork via DocuSign email

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| **PATRICIPANT (PERSON SERVED) NAME**  Click or tap here to enter text. |
| **PARTICIPANT PROGRAM - FMS**  CDCS  CSG |
| **PARTICIPANT PROGRAM – 245D Basic**  Personal Support  Respite  Homemaker  Individualized Home Support  Night Supervision |
| **PARTICIPANT PROGRAM - PCA**  PCA Choice |
| **MANAGING PARTY NAME (signer of the employee’s I9)**  Click or tap here to enter text. |
| **MANAGING PARTY EMAIL**  Click or tap here to enter text. |
| **EMPLOYEE NAME**  Click or tap here to enter text. |
| **EMPLOYEE EMAIL**  Click or tap here to enter text. |
| **EMPLOYEE DATE OF BIRTH** *Age pertains to eligibility to work in specific programs*  Click or tap to enter a date. |

Please e-mail completed form to: [GetHired@lifeworks.org](mailto:GetHired@lifeworks.org), fax to: #651-454-2773, or drop it off at: 2965 Lone Oak Drive, Suite 160, Eagan, MN 55121.

Please have employee reach out to Lifeworks at [GetHired@lifeworks.org](mailto:GetHired@lifeworks.org) with questions pertaining to the employment paperwork process.

Thank you!

**Fiscal HR Team**

Lifeworks Services, Inc.  
p: 651-454-2732 | f: 651-454-2773