

EMPLOYMENT PAPERWORK REQUEST FORM

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

PARTICIPANT (PERSON SERVED) NAME
PARTICIPANT PROGRAM - FMS <input type="checkbox"/> CDCS <input type="checkbox"/> CSG
PARTICIPANT PROGRAM – 245D Basic <input type="checkbox"/> Personal Support <input type="checkbox"/> Respite <input type="checkbox"/> Homemaker <input type="checkbox"/> Individualized Home Support <input type="checkbox"/> Night Supervision
PARTICIPANT PROGRAM - PCA <input type="checkbox"/> PCA Choice
MANAGING PARTY NAME (signer of the employee's I9)
MANAGING PARTY EMAIL
EMPLOYEE NAME
EMPLOYEE EMAIL
EMPLOYEE DATE OF BIRTH <i>Age pertains to eligibility to work in specific programs</i>

Please e-mail completed form to: 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 with questions pertaining to the employment paperwork process.

Thank you!

Fiscal HR Team

Lifeworks Services, Inc.

p: 651-454-2732 | f: 651-454-2773