



WORK CONTINGENCY FORM

I _____ understand that in order for me to commence work with AFC I must be in compliance with both State law and AFC's policies and procedures by showing proof of the following:

● **Fingerprint Clearance Card**

- ☐ I have provided a copy of my fingerprint clearance card to AFC.
- ☐ I have a fingerprint clearance card but I have not provided a copy to AFC.
- ☐ I do not have a fingerprint clearance card and will be fingerprinted today and have signed the Certification Record Self-Disclosure.

● **Article 9 Training**

- ☐ I have provided AFC with a copy of my Article 9 training.
- ☐ I have Article 9 training but I have not provided a certificate to AFC.
- ☐ I do not have Article 9 training and have been set up for the training.

Date _____ Time _____

● **CPR and First Aid Certification**

- ☐ I have provided AFC with a copy of my CPR and First Aid Certifications.
- ☐ I have CPR and First Aid training but I have not provided the certifications to AFC.
- ☐ I do not have CPR and First Aid Certifications and have been set up for these trainings.

Date _____ Time _____

● **Three Valid References**

- ☐ Three references provided.

● **Driving**

- ☐ Vehicle inspection report was completed and signed.
- ☐ Driver evaluation form was completed and signed.
- ☐ Valid vehicle insurance and registration were provided.
- ☐ Driver's license was provided.
- ☐ I have viewed and completed the Driving Safety training online at: **<http://AFCTrainings.blogspot.com/>**

OR

- ☐ Driving waiver was signed

I also understand that AFC's consumers are provided by the state and that AFC has no control over approved hours or consumer timelines. I will be provided with consumers that are in my area and along with AFC, I am responsible for contacting and setting up interviews with the parents/guardians of potential consumers.

Employee Signature: _____ Date: _____

WORK CONTINGENCY FORM

I, _____, acknowledge that to begin work with AFC, I must comply with both state law and AFC policies and procedures by providing proof of the following:

Fingerprint Clearance Card (Select one)

- ☐ I have a valid Fingerprint Clearance Card and have submitted a copy of the **front & back** of the card to AFC.
- ☐ I have submitted my Fingerprint Clearance Card application and have provided my application number to AFC.
- ☐ I do not yet have a Fingerprint Clearance Card but understand that I must submit my application before completing onboarding with AFC caregiving services.

Article 9 Training (Select one)

- ☐ I have completed Article 9 training and have submitted my certificate to AFC.
- ☐ I have scheduled my Article 9 training for _____ and will provide proof of appointment to AFC.
- ☐ I have not yet completed or scheduled my Article 9 training, but I understand that it must be completed before I can begin working as an AFC caregiver.

CPR and First Aid Certification (Select one)

- ☐ I have completed both CPR and First Aid certification and have submitted copies to AFC.
- ☐ I am scheduled for CPR and First Aid training on _____ and will provide proof of appointment to AFC.
- ☐ I have not yet obtained CPR or First Aid certification, nor have I scheduled training, but I understand these certifications must be completed before I can clock hours as an AFC caregiver.

References

- ☐ I understand that I must provide three letters of recommendation from non-family members. These letters must be verified in one of the following ways:
 1. Emailed directly to support@afcsystemsllc.com from the reference's personal email.

OR

2. Submitted as a physical copy, including the reference's contact information (email and phone number) and a handwritten signature.

Driving Requirements

- ☐ I have reviewed the AFC driving waiver and understand that I am not permitted to drive or transport individuals served by AFC on company business unless I have received special written permission from AFC management and completed all safety requirements.

AFC Compliance Acknowledgment

As an AFC caregiver, I understand that my required documents and certifications must be periodically updated to remain in compliance with state regulations and AFC policies.

I certify that all information I have provided is true and complete to the best of my knowledge. I understand that if any required documents are expired or incomplete, AFC has the right to suspend my ability to clock hours until I submit the necessary updates.

Employee Signature: _____

Date Signed: _____