**Employment Paperwork Request Form**

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

**Recipient (Person Served) Name:**

**Recipient Program (choose all that apply):**

*Program Options:*

*CDCS/CSG*

*PCA Choice*

*Personal Support and/or Respite*

*Homemaker*

**Managing Party Name *(signer of the Employee’s I9):***

**Managing Party E-Mail:**

**Employee Name:**

**Employee E-Mail:**

**Employee’s Relationship to Recipient:**

*Relationship Options:*

*Parent (this is defined as the biological parent or legally adoptive parent only)*

*Step-Parent*

*Spouse*

*Child*

*Other*

**Employee Date of Birth:**

\*Age pertains to eligibility to work in specific programs\*

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!

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| **Fiscal HR Team** Lifeworks Services, Inc. p: 651-454-2732 | f: 651-454-2773 [*lifeworks.org*](http://www.lifeworks.org/)*|* [*Facebook*](https://www.facebook.com/LifeworksMN) *|* [*Twitter*](https://twitter.com/LifeworksMN) |