

EMPLOYMENT PAPERWORK REQUEST FORM

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

PARTICIPANT FIRST (LEGAL) NAME Click or tap here to enter text.	PARTICIPANT LAST (LEGAL) NAME Click or tap here to enter text.
PARTICIPANT PROGRAM - FMS <input type="checkbox"/> CDCS <input type="checkbox"/> CSG	
PARTICIPANT PROGRAM – 245D Basic <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 LEGAL 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 FIRST (LEGAL) NAME Click or tap here to enter text.	EMPLOYEE LAST (LEGAL) NAME Click or tap here to enter text.
EMPLOYEE EMAIL Click or tap here to enter text.	
EMPLOYEE DATE OF BIRTH <i>Age pertains to eligibility to work in specific programs</i> Click or tap to enter a date.	

Please e-mail completed form to: GetHired@lifeworks.org, fax to: #651-454-2773, or drop it off at: 6636 Cedar Ave South, Suite 250, Richfield, MN 55423.

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