

**Acknowledgment of the Documents to be provided by the applicant.**

- I acknowledge that I will provide the following documents before the date of my interview, employment, or job placement.
- I also acknowledge that I will provide updated information on my credential when required.
- Furthermore, I will provide information about my current address if I change address.
- If you are unable to provide these documents along with your application, email them to [career@cymatexconsults.com](mailto:career@cymatexconsults.com)

Resume (for GNA, LPN, and RN), and for other positions if required.

Active Professional Certification

Physical Exam (including Blood work/PPD/Chest X-Ray & MMR)

First Aid/CPR

Social Security Card/Passport/ Tax ID Letter and EIN

Driver's License/State ID

Covid 19 Vaccination Card

Criminal Background Check Report (At the Applicant's Cost)

Pre-Employment Drug Test - 7 to 10 panels (Can be done at any lab At the Applicant's Cost)

Section 1 of Form I-9 in the link below and send it back to [career@cymatexconsults.com](mailto:career@cymatexconsults.com)

<https://www.cymatexconsults.com/health-care-forms>

Salary Payment method:

Others (Please specify) \_\_\_\_\_

\_\_\_\_\_  
Applicant/Contractor's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Upload Documents here**