

Onboarding

The following hiring paperwork needs to be completed promptly. Any delays could potentially affect your start date or, in the worst case, result in the offer being rescinded by us or the facility. Please prioritize these tasks.

Current Onboarding

Convert

Continue >

Last Accessed: 09/30/2024

- Jobs
- Shifts
- Onboarding**
- Profile

Convert

To Do (Required) 1

You will need to complete all items in this section to finish your onboarding. As you complete each document it will move to the "Submitted and Pending Approval" section.

Completed 22

These documents are all set! They are complete and have been approved by us.

- Jobs
- Shifts
- Onboarding**
- Profile

Convert

To Do (Required) 1

You will need to complete all items in this section to finish your onboarding. As you complete each document it will move to the "Submitted and Pending Approval" section.

COVID 19 Vaccine Declaration

Assigned 10/01/2024

Missing

Complete And Sign

Completed 22

These documents are all set! They are complete and have been approved by us.

- Jobs
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COVID 19 Vaccine Declaration

ALTO

COVID-19 Vaccine Declaration Form

I acknowledge that I am aware of the following facts:

- COVID-19 is a serious respiratory virus that can easily spread from person to person.
- COVID-19 vaccination is recommended for all workers whether healthcare workers to help protect themselves from disease in homes, bars, and staff and customers from getting COVID-19 and to reduce the risk of its spread.
- I understand that if I tested COVID-19 positive I will follow CDC guidelines for guidance with anyone of my work or any COVID-19 recommendations for assistance.
- I understand that if I become infected with COVID-19, even if the symptoms resolve or I am asymptomatic, I can experience serious illness, hospitalization and death (especially for those with chronic conditions and high-risk status).
- My understanding of my situation is based on the information available to me and the best of my knowledge with which I have contact, including all reasonable safety protocols that ALTO has.
- I understand that some facilities cooperate with the state COVID-19 vaccination and/or testing initiatives. Therefore, I am comfortable to work at this facility.

I declare I agree to declare COVID-19 vaccination by the following means:

Paper

Mobile

I understand that I am eligible to receive a daily free self-administered COVID-19 test.

Print Name: [Redacted] Date: 10/01/2024

Signature: [Redacted] Date: 10/01/2024

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Done