



BEACON
Specialized Living

Training Acknowledgment

Employee Name: Candice Wilson Policy/Procedure/Topic: Personnel Security
Trained By: Kelly Date Trained: 10-12-21

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

I understand that it is my responsibility to adhere to the requirements of the training fully, and if I do not understand my responsibility or need clarification, I will seek immediate assistance from a Home Manager in order to act in accordance with state policy, procedures and company expectations.

I understand that this Training Acknowledgment will become part of my permanent employment record, and that failure to apply the principles I was taught in my training will result disciplinary action, up to and including my termination of employment for failure to follow company policy.

Candice Wilson
Employee Signature

10/12/21
Date

Kelly Kruttsch
Home Manager Signature

10-12-21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Robert Hunt Policy/Procedure/Topic: Personnel Security
Trained By: Kelly Date Trained: 10-12-21

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Robert Hunt
Employee Signature

10/12/21
Date

Kelly Krutzel
Home Manager Signature

10-12-21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Taylor Van Policy/Procedure/Topic: Personnel Security Policy
Trained By: Kelly Date Trained: 10-12-21

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Taylor Van
Employee Signature

10/12/21
Date

Kelly Knutsen
Home Manager Signature

10/12/21
Date

Copy to Employee
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Training Acknowledgment

Employee Name: Tyshae McClain Policy/Procedure/Topic: Personal Security already covered Policies
Trained By: Kelly Date Trained: 10-12-21

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Tyshae McClain
Employee Signature

10/12/21
Date

Kelly Kruttsch
Home Manager Signature

10/12/21
Date

Copy to Employee
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Training Acknowledgment

Employee Name: Jennifer Bone Policy/Procedure/Topic: Personle
Trained By: Kelly Kruttsch Date Trained: 10-12-21

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[Signature]
Employee Signature

10-12-21
Date

[Signature]
Home Manager Signature

10-12-21
Date

Copy to Employee
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Training Acknowledgment

Employee Name: Tasha LeMar Policy/Procedure/Topic: personal secure policy
Trained By: Kelly Krutsch Date Trained: 10-12-21

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Tasha LeMar
Employee Signature

10-12-21
Date

Kelly Krutsch
Home Manager Signature

10-12-21
Date

Copy to Employee
Copy to Employee Personnel File/HR