

## **NEW HIRE CHECKLIST**

COMPANY NAME			Date
EMPLOYEE NAME POSITION TITLE		HIRE DATE DEPARTMENT	
St	JPERVISOR	LOCATION _	
1.	New Hire Set-Up		
	Personnel File Created Confidential / Medical / Benefi Application Filed Signed Offer Letter Received / References Verified / Filed		
	Background Check Complet Authorization Received: Date Initiated: Results Received: Reviewed By: Results Filed:	ted	
	Drug Screen Completed Authorization Received: Date Initiated: Results Received: Reviewed By: Results Filed:		
	Orientation Meeting Date Scheduled: Completed by: Date Completed:		
	Safety Training  Date Scheduled:  Completed by:  Date Completed:		
	Office / Workstation Equipm  Office / Workstation As  Office / Workstation S  Computer Equipment  Laptop / Tablet Order  E-mail Account Set-up  Office Phone / Extens	ssigned: Set-up Set-up ed / Set-up p	





Z.	URIENTATION PROCESS		
	Form I-9 Completed W-4 Completed State / Locality Tax Forms (if Applicable) Emergency Contact Information Completed Confidentiality Agreement Completed Employee Handbook Acknowledgement Completed		
	Important Policies Reviewed Completed  Harassment / Discrimination Prevention Complaint Procedures Company Leave Policies Attendance / Punctuality Drug / Alcohol Use Drug Free Workplace Standard of Conduct On the Job Injury Confidentiality / Proprietary Property Email / Internet / Computers Safety		
	Company Procedures Reviewed / Completed  Office / Workstation Security Expense Reports Use of Company Phones / Mail System Office Supplies Business Cards / Office Stationery Standard of Conduct Company ID Badge / Office Access Card/Parking sticker or pass Purchase Orders Email System / Office Intranet Phone System / Voice Mail Set-up		
	Company Benefits Completed Review Co. Benefits: Enrollment Form Given: Enrollment Forms Rec.: Reviewed By: Sent to Carriers: Confirmation Rec.: Deductions Entered:		
Co	MPLETED BY DATE		