**NEW EMPLOYEE CHECKLIST**

**Instructions:** Complete this form for each new employ, before they begin their first day of work, submit this form and the application for employment to the personal manager. No new employee may actually start working until the two completed forms have received by the personal manger.

Name of Employee…………………………………………………………………………………………………………………………………….

Date Hired……………………… Job Description…………………………………………… Department……………………………….

Rate of Pay $........................ Per………………………… Interviewed and Hired by………………………………………………

**THIS SECTION TO BE COMPLETED BY THE DEPARTMENT HEAD**

**Completed or**

**Requirement Explained Date Initials**

Explained Payday Schedule………………………………………………….... \_\_\_\_\_\_\_\_\_­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_

Explained Job Description ………………………………………………….... \_\_\_\_\_\_\_\_\_­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_

Explained Health Insurance Plan, Policies………………………………. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Explained Sick Leave Policy……………………………………………………. \_\_\_\_\_\_\_\_\_­ \_\_\_\_\_\_\_\_\_\_\_\_\_

Explained Paid Vacation Policy………………………………………………. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Explained Policy Regarding Punctuality…………………………………. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Explained Dress Code……………………………………………………………. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Explained Employee Purchase Policy……………………………………. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Explained Payroll Advances Policy…………………………………………. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Explained Periodic Performance Reviews………………………………. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Explained Citizenship Work Permit Requirements…………………. ­­­­­\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

New Employee Read and Signed Company Policy Manual…….. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Application Resume Attached…………………………… \_\_\_\_\_\_\_\_\_ ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Given Position Description Detail ………………………  \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

THIS SECTION IS REQUIRED TO BE COMPLETED BY THE PERSONNEL MGR

**Completed or**

**Requirement Explained Date Initials**

Complete W-4 Number of withholding…………………………………. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Completed 1-9 Work Eligibility Form…………………………………….. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Asked if Questions on Any Policy…………………………………………... \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Administered Pre-Employment Test……………………………………... \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-Employment Physical Completed……………………………………. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NOTES** |
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Approved by Personnel Manager**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**