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### NEW HIRE CHECK LIST

Employee Name: \_\_\_\_\_ Employee#: \_\_\_\_\_  
 Department: \_\_\_\_\_ Entered: \_\_\_\_\_  
 Position: \_\_\_\_\_ Manager: \_\_\_\_\_

NEW HIRE PACKET ITEMS:	COMPLETE
1. Application	
2. Confidentiality Statement	
3. Employee Handbook <ul style="list-style-type: none"> <li>• Acknowledgement</li> </ul>	
4. I-9 <ul style="list-style-type: none"> <li>• Copy of Drivers License and</li> <li>• Copy of Social Security Card Or</li> <li>• Copy of Birth Certificate Or</li> <li>• Other:</li> </ul>	
5. State Tax Withholding Form ( <i>If applicable</i> )	
6. W-4 Federal Tax Withholding Form	
7. <b>EKG ONLY</b> – Paycheck Protocol	
8. Workmen’s Compensation Questionnaire	
9. Hepatitis B Form	
10. Credit and Background Check Form	
11. Vehicle Responsibility Statement ( <i>if applicable</i> )	
12. Per Diem Form ( <i>if applicable</i> )	
13. Direct Deposit Authorization Form	
14. Christmas Club Savings Account Form	
15. Copy of Credentials ( <i>if applicable</i> )	
16. Incident Report Form ( <i>LPN, RN, RT only</i> )	
<b>Literature</b>	
<ul style="list-style-type: none"> <li>• 401K Information</li> </ul>	
<b>Full Time Employees Only</b>	
<ul style="list-style-type: none"> <li>• Health Insurance Enrollment Form</li> <li>• Issued Optional Colonial Insurance Information</li> <li>• Dental Enrollment Form</li> <li>• Long Term Disability / Life Form</li> </ul>	

Pre-Employment Release Form \_\_\_\_\_ Date Completed \_\_\_\_\_