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## NEW HIRE CHECK LIST

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

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. Hepatitis B Form	
9. Credit and Background Check Form	
10. Direct Deposit Authorization Form	
11. Christmas Club Savings Account Form	
12. Radiation Form <i>(CathLab)</i>	
13. Vehicle Responsibility Statement <i>(if applicable)</i>	
14. Copy of Credentials <i>(if applicable)</i>	
15. 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>	

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Misc. Notes: \_\_\_\_\_