

# NEW HIRE CHECKLIST

**Employee Name:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

<b>Forms and Documents</b>
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<u>Form</u>	<u>Filed in:</u>
1. New Hire Checklist	[ ] Personnel – tab 1 on top
2. Personnel Action Notice	[ ] Personnel – tab 1
3. Application for Employment	[ ] Personnel – tab 1
4. OIG Search	[ ] Personnel tab 2
5. Initial license verification Dated and initialed by Manager	[ ] Personnel tab 2
6. Reference Checking Form(s)	[ ] Personnel – tab 2
7. Offer Letter	[ ] Personnel – tab 1
8. Employee performance evaluations	[ ] Personnel – tab 5
9. Employee Competencies	[ ] Personnel tab 6
10. Inservices	[ ] Personnel tab 7
11. Emergency Contact Form	[ ] Personnel – tab 3
12. Employee Statement of Confidentiality	[ ] Personnel – tab 3
13. Non-Discrimination Statement	[ ] Personnel – tab 3
14. HIPAA –Acknowledgement of Privacy Training	[ ] Personnel – tab 3
15. Form W-4, Federal Income Tax Withholding	[ ] Personnel – tab 4
16. Direct Deposit <input type="checkbox"/> Declined	[ ] Personnel – tab 4
17. Job Description – signed by Employee	[ ] Personnel – tab 5
18. Professional Credentials	
License	[ ] Personnel – tab 8
BLS	[ ] Personnel – tab 8
ACLS	[ ] Personnel – tab 8
Certifications	[ ] Personnel – tab 8
19. Background Check Consent Form & Results <sup>2</sup>	[ ] Separate File
20. Form I-9 & copies of supporting documents <sup>2</sup>	[ ] Separate File
21. Pre-employment physical and testing <sup>2</sup>	[ ] Health File

<sup>2</sup>*Documents which contain age (DOB) or other items that can be considered discriminatory, MUST be maintained separately from the employee's main personnel file*

<b>General Orientation Checklist (Policies and Procedures, Facility, etc)</b>
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**INITIAL AND ANNUAL INSERVICES**

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|---|-----------------------|
| 1. Review of Personnel Policies and employee handbook | [ ] Personnel – tab 7 |
| 2. Review of OSHA Manual                              | [ ] Personnel – tab 7 |
| Blood exposure  | [ ] Personnel – tab 7 |
| Needle Stick  | [ ] Personnel – tab 7 |
| Personal Protective Equipment                         | [ ] Personnel – tab 7 |
| Managing Exposure Incidents                           | [ ] Personnel – tab 7 |
| Infection Control                                     | [ ] Personnel – tab 7 |
| 3. Disaster Preparedness (Fire, evacuation, etc.)     | [ ] Personnel – tab 7 |
| 4. Identifying Neglect and Abuse                      | [ ] Personnel – tab 7 |
| 5. Sexual Harassment                                  | [ ] Personnel – tab 7 |
| 6. Patient Rights and Responsibilities                | [ ] Personnel – tab 7 |
| 7. Compliance Plan                                    |                       |
| Acknowledgement of Compliance Training – Annual       | [ ] Personnel – tab 7 |
| Disclosure of Conflict of Interest – Annual           | [ ] Personnel – tab 7 |

**INITIAL ORIENTATION**

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|--|-----------------------|
| 1. Tour of the Facility & Introductions to Physicians & staff        | [ ] Personnel – tab 7 |
| 2. Review of Benefits  | [ ] Personnel – tab 7 |
| 3. Use of Office Equipment   |                       |
| a. Phone/Intercom System   | [ ] Personnel – tab 7 |
| b. Computer  | [ ] Personnel – tab 7 |
| c. Copier/fax  | [ ] Personnel – tab 7 |
| 4. Entry and exit of building and use of security system             | [ ] Personnel – tab 7 |
| 5. Use of time and attendance payroll reporting system and job hours | [ ] Personnel – tab 7 |
| 6. Organizational Overview   | [ ] Personnel – tab 7 |
| 7. Quality Management Program  | [ ] Personnel – tab 7 |

<b>Insurance Checklist – Enrollment forms in separate file</b>
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|---|---------------------------|------------|---------------------------------|
| 1. Dental Insurance                         | Enrollment [ ]            | Waived [ ] |                                 |
| 2. Health Insurance                         | Enrollment [ ]            | Waived [ ] | Opt Out Pay (if applicable) [ ] |
| 3. Vision Insurance                         | Enrollment [ ]            | Waived [ ] |                                 |
| 4. Flexible Spending Account(s)             |                           |            |                                 |
| Medical FSA                                 | Enrollment [ ]            | Waived [ ] |                                 |
| Dependent Care FSA                          | Enrollment [ ]            | Waived [ ] |                                 |
| 5. Life/Long Term Disability                |                           |            |                                 |
| Basic Coverage                              | Enrollment (required) [ ] |            | Beneficiary Form (required) [ ] |
| Supplemental Coverage                       | Enrollment [ ]            |            |                                 |
| 6. Short Term Disability (Post Tax Benefit) |                           |            |                                 |
| Employee to call UNUM on:                   | _____                     |            |                                 |

***Acknowledgement: The above items have been reviewed and/or discussed with me.***

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Person completing orientation: \_\_\_\_\_ Date: \_\_\_\_\_

Comments (if any):

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