

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ HIRE DATE \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ LOCATION \_\_\_\_\_

**1. NEW HIRE SET-UP**

- Personnel File Created
- Confidential / Medical / Benefits File Created
- Application Filed
- Signed Offer Letter Received / Filed
- References Verified / Filed

**Background Check Completed**

Authorization Received: \_\_\_\_\_

Date Initiated: \_\_\_\_\_

Results Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Results Filed: \_\_\_\_\_

**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 Equipment Completed**

- Office /Workstation Assigned:
- Office / Workstation Set-up
- Computer Equipment Set-up
- Laptop / Tablet Ordered / Set-up
- E-mail Account Set-up
- Office Phone / Extension Set-up

**2. ORIENTATION 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: \_\_\_\_\_

**COMPLETED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_