**[Company’s Name] New Hire Checklist**

**Employee Information:**

* Employee Name:
* Employee Number:
* Job Title:
* Hire Date (MM/DD/YYYY):
* Status: ☐ Full-Time ☐ Part-Time ☐ Temporary/Seasonal ☐ Exempt ☐ Nonexempt
* Starting Rate of Pay: $

# Pre-Arrival

1. **Application for Employment & Offer Letter**[ ] Send employee offer letter.

[ ] Send application form
[ ] Confirm receipt of the offer and any pre-employment documents.

1. **Welcome Packet**[ ] Send a welcome email or letter with the start date, time, dress code, and key first-day information.
[ ] Include information about company policies, mission, values, and expectations.
2. **Prepare Equipment**[ ] Ensure the employee's computer, access card, parking instruction and other essential
3. **Account & Systems Setup**[ ] Set up company email and provide login credentials for scheduling or tracking software.
[ ] Ensure access to any training or resources needed for their role.

[ ] Add employee to HRIS.

1. **Schedule Orientation**[ ] Schedule an orientation session to introduce the employee to company policies, procedures, and safety guidelines. Include documents employee must have to complete orientation**.**

# Orientation - Required Documents

|  |  |  |
| --- | --- | --- |
| **Title of Document** | **Date Provided** | **Date Completed** |
| Application for Employment |  |  |
| Form I-9 & Verification Documents |  |  |
| W-4 Employee’s Federal Tax Withholding |  |  |
| DE-4 Employee’s California Withholding Allowance Certificate |  |  |
| Report of New Employee(s) (Submit online at [EDD Website](https://edd.ca.gov/Payroll_Taxes/e-Services_for_Business.htm)) |  |  |
| Wage Theft Protection Act Notice (Non-Exempt Employees ONLY) |  |  |
| Health Insurance Marketplace Coverage Notice (if applicable) |  |  |
| Employee Receipt of Injury & Illness Prevention Policy (10+ Employees) |  |  |
| Discrimination, Harassment, and Retaliation Policy (Signed by Employee) |  |  |
| Time of Hire Pamphlet - Workers' Compensation |  |  |
| EDD Disability Insurance Pamphlet |  |  |
| Paid Family Leave Pamphlet |  |  |
| Sexual Harassment Fact Sheet |  |  |
| Rights of Victims (Domestic Violence, Sexual Assault, Stalking) |  |  |
| Lactation Accommodation Notice |  |  |
| Initial COBRA Rights Notice (if applicable) |  |  |

# Orientation - Recommended Documents

|  |  |  |
| --- | --- | --- |
| **Title of Document** | **Date Provided** | **Date Completed** |
| Signed Acknowledgment of Employee Handbook |  |  |
| Personal Data – Emergency Contact Information |  |  |
| Direct Deposit Authorization |  |  |
| Equal Employment Opportunity Policy (ADA & FEHA) |  |  |
| Meal & Rest Period Acknowledgment |  |  |
| Meal Period Waiver (if applicable) |  |  |
| Employee Orientation Checklist for Minors (if applicable) |  |  |
| Employee At-Will Acknowledgment Form |  |  |
| Health Benefits Deduction (if applicable) |  |  |
| Workplace Violence Prevention Policy |  |  |

# Job-Specific & Confidentiality Documents

|  |  |  |
| --- | --- | --- |
| **Title of Document** | **Date Provided** | **Date Completed** |
| Uniforms/Equipment Issuance Authorization (if applicable) |  |  |
| Proof of Employee’s Age (if selling liquor) |  |  |
| Commission Agreement (if employee receives commission) |  |  |
| Confidentiality & Non-Disclosure Agreement |  |  |
| DMV Report & Driver’s License History (if applicable) |  |  |
| Proof of Insurability (if driving for company) |  |  |
| Copy of Professional License/Certification (if required) |  |  |
| Pre-employment Background Checks & References |  |  |

# Confidential Medical File

|  |  |  |
| --- | --- | --- |
| Title of Document | Date Provided | Date Completed |
| Pre-employment Drug Test Results (if applicable) |  |  |
| Post-Offer, Pre-employment Physical Exam Results (if applicable) |  |  |
| Workers’ Compensation Pre-Designation Form |  |  |

# Employee Orientation Topics

[ ] Explanation of Job Duties
[ ] Pay Rate, Pay Periods, Timecards, and Payroll Deductions
[ ] Working Hours and Schedule
[ ] Overtime Policy
[ ] Meal and Rest Periods
[ ] Attendance & Punctuality Expectations
[ ] Employee Benefits Overview
[ ] Review of Employee Handbook & Workplace Policies
[ ] General & Safety Rules (MSDS, IIPP)
[ ] Workplace Harassment & Discrimination Policies

[ ] Schedule Training Videos

# Employee Acknowledgment

I acknowledge that I have received and reviewed the above-listed documents and policies.

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Orientation Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Original to Employee Personnel File, Copy to Employee.*