

# CHECKLIST FOR NEW EMPLOYEES

## RETURN PAPERWORK TO BOOKKEEPING

EMPLOYEE NAME \_\_\_\_\_

### DATE TURNED IN

_____/_____/_____ / /	W4
_____/_____/_____ / /	ILW4
_____/_____/_____ / /	I9
_____/_____/_____ / /	Copy of driver's license
_____/_____/_____ / /	Copy of social security card
_____/_____/_____ / /	Direct deposit form w/VOIDED CHECK if depositing in checking account
_____/_____/_____ / /	Payroll status change form
_____/_____/_____ / /	Signed form for disability, dental, life and vision insurance (Class 1 and Class 3 only)
_____/_____/_____ / /	Emergency contact information
_____/_____/_____ / /	Understanding sheet for personnel manual
_____/_____/_____ / /	Statement of Faith agreement
_____/_____/_____ / /	Photo/Video release form
_____/_____/_____ / /	Copy of application
_____/_____/_____ / /	Conditional hire w/signature
_____/_____/_____ / /	Copy pre-empl physical results

**\*\*PLEASE ATTACH ALL PAPERWORK AT ONE TIME AND RETURN**

**TO BOOKKEEPING BEFORE EMPLOYEE STARTS WORKING\*\***