

HIRING CHECKLIST

HIRING CHECKLIST

Employee Name: _____ Date of Hire: _____

Company Name: _____

| NEED TO USE | FORM | DATE GIVEN | DATE RECEIVED | DATE FILED/SENT |
|--------------------------|---|----------------------|----------------------|----------------------|
| <input type="checkbox"/> | Employment Application | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | Credit and Background Checking Forms* | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | Employment Offer Letter | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | Written Commission Agreement, if applicable | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | Letter to Temporary Employees, if applicable | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | Form W-4: Employee Withholdings | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | Form I-9: Employment Eligibility Verification | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | Workers' Compensation Brochure, with <ul style="list-style-type: none"> • Personal Chiropractor or Acupuncturist Designation Form, and | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <ul style="list-style-type: none"> • Personal Physician Designation Form | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | Form DE2515: Disability Insurance Pamphlet | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | Form DE2511: Paid Family Leave Pamphlet | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | General Notice of COBRA Continuation Coverage Rights | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | Form DE-34: New Employee(s) Report | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | New Health Insurance Marketplace Coverage Options and Your Health Coverage | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | Wage and Employment Notice to Employees | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | Sexual Harassment Information Sheet | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| NEED TO USE | FORM | DATE GIVEN | DATE RECEIVED | DATE FILED/SENT |
|--------------------------|--|------------|---------------|-----------------|
| <input type="checkbox"/> | Harassment, Discrimination and Retaliation Prevention Policy | | | |
| <input type="checkbox"/> | Confirmation of Receipt for Harassment, Discrimination and Retaliation Prevention Policy | | | |
| <input type="checkbox"/> | Rights of Victims of Domestic Violence, Sexual Assault and Stalking Notice | | | |
| <input type="checkbox"/> | Form B1-4: Permit to Work (If employee is a minor) | | | |
| <input type="checkbox"/> | Initial Safety Training | | | |
| <input type="checkbox"/> | Emergency Information | | | |
| <input type="checkbox"/> | Employee Handbook Receipt | | | |
| <input type="checkbox"/> | Code of Conduct/Ethics Policy (If separate from Employee Handbook) | | | |
| <input type="checkbox"/> | Health Insurance and Benefits Information, if applicable | | | |
| <input type="checkbox"/> | Property Return Agreement | | | |
| <input type="checkbox"/> | Class-Action Waiver | | | |
| <input type="checkbox"/> | Arbitration Agreement | | | |
| <input type="checkbox"/> | Form DE-4: California Employee Withholding Certificate | | | |
| <input type="checkbox"/> | Absence Request Forms | | | |
| <input type="checkbox"/> | List of Holidays for Current Year | | | |
| <input type="checkbox"/> | Employee Rest Period and Meal Period Sign-Off Sheet | | | |
| <input type="checkbox"/> | Employee Paycheck Stub Review Sheet | | | |

*Only use with written authorization and after making a conditional job offer. Consult legal counsel with questions.

Notes: _____

Disclaimer: Please use caution when executing this checklist. Some forms are required at the time of hiring for some employers and some forms are legally required for all California employers. We do not intend the information above to be legal advice. By providing this information, we are not acting as your lawyer. If you need legal advice you are welcome to contact us or we recommend that you speak to your legal counsel before relying on this information.