

**NEW EMPLOYEE DATA FORM**  
(to be attached to New Employee Package)

NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

FULL TIME OR PART TIME: \_\_\_\_\_

POSITION: \_\_\_\_\_

WAGE: \_\_\_\_\_

DATE SENT TO PERSONNEL DEPT: \_\_\_\_\_

REQUESTED DATE OF EMPLOYMENT: \_\_\_\_\_

ACTUAL DATE OF EMPLOYMENT: \_\_\_\_\_ (to be completed by Personnel Dept)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MANAGER'S CHECKLIST**

- \_\_\_\_\_ COMPLETED EMPLOYMENT APPLICATION
- \_\_\_\_\_ BACKGROUND CHECK COMPLETED AND APPROVED BY RISK MANAGEMENT DEPT.
- \_\_\_\_\_ TWO INTERVIEWS COMPLETED
- \_\_\_\_\_ REFERENCES CHECKED
- \_\_\_\_\_ COMPLETED "NEW EMPLOYEE PACKAGE"
- \_\_\_\_\_ DRIVING RECORD REVIEWED AND IN COMPLIANCE
- \_\_\_\_\_ VALID DRIVER'S LICENSE

**EMPLOYMENT ELIGIBILITY VERIFICATION**  
(check one of the following)

- \_\_\_\_\_ ORIGINAL SOCIAL SECURITY CARD
- \_\_\_\_\_ ORIGINAL BIRTH CERTIFICATE OF CERTIFIED COPY
- \_\_\_\_\_ PASSPORT
- \_\_\_\_\_ ALIEN REGISTRATION CARD W/PHOTOGRAPH