

**GENESEE EDUCATION CONSULTANT SERVICES, INC. (GECS)
Human Resources - Orientation Checklist**

SECTION A: ► To be completed by the employee

► Name _____ ► Social Security Number _____
(Last) (First) (Middle Initial)

► Address _____
(Number, Street) (City) (State) (Zip Code)

► Primary Phone _____ ► Alt. Phone _____

► Male Female ► Married Single

► Date of Birth _____ ► E-Mail Address _____

► **Ethnicity:** For use in compliance with state and federal reporting requirements, please circle appropriate ethnicity:

Black or African American Caucasian Hispanic or Latino Native Hawaiian or Pacific Asian American

► **Emergency Contact:** List the person to be notified in case of emergency; you may list more than one phone number.

Name _____ Telephone _____

Relationship: _____

Hospital Preference: _____

I acknowledge that the above information is correct

_____ Date _____

Employee Signature

Electronic Signatures. The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement. The parties agree that any electronically signed document (including this Agreement) shall be deemed (i) to be "written" or "in writing," (ii) to have been signed and (iii) to constitute a record established and maintained in the ordinary course of business and an original written record when printed from electronic files.

SECTION B: To be completed by Human Resources

_____ Request to Hire

_____ PA 189 Authorization and Waiver

_____ Affidavit: _____ ICHAT _____

_____ Conviction Disclosure

_____ Employee Contract

_____ Bullying Acknowledgement Form

_____ Employee Handbook Acknowledgement Form

_____ Employment Eligibility Verification Form I-9

_____ Michigan New Hire Reporting Form

_____ Direct Deposit for Payroll

_____ At Will Employee Statement signed

_____ Tax withholding certificates (W-4): _____ Federal _____ State

_____ Photocopy of social security card

_____ Photocopy of driver license _____ AUP

_____ Student Abuse and Neglect _____ Credentials

_____ Hep B Vaccination (record or decline)