



Human Resources - Orientation Checklist

SECTION A: To be completed by the employee

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

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

SECTION B: To be completed by Human Resources

Request to Hire

PA 189 Authorization and Waiver: Date mailed

Affidavit ICHAT

Conviction Disclosure

Employee Contract

Bullying Acknowledgement Form

Employee Handbook Acknowledgement Form

Employment Eligibility Verification Form I-9 (Record information from Michigan Driver License)

Michigan New Hire Reporting Form

Direct Deposit for Payroll

At Will Employee Statement

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

Photocopy of social security card

Photocopy of driver license

Student Abuse and Neglect Employee Standards of Conduct

Acceptable Use Policy

Photocopy of proof of automobile insurance: Expiration date

Photocopy of TB Test within the last three years: Date read

DHS Clearance

Health Appraisal

EMPLOYEE WEB INFORMATION AND ID# RTH, AFF, & AUP TO ISD