



Human Resource Services

Pre-Employment Checklist

Date: _____ **Return to** _____ **When Completed**

NAME:					Comments:
SOCIAL SECURITY NUMBER:					
LOCATION:					
POSITION:			HOURS:		
STATUS: <input type="radio"/> Probationary <input type="radio"/> Temp Cert <input type="radio"/> Substitute <input type="radio"/> Short-Term Temp <input type="radio"/> Other					
EMPLOYMENT PROCESS	P/W DATE GIVEN	INITIAL	P/W DATE COMPLETED	INITIAL	
<input type="radio"/> Application					
<input type="radio"/> Transcripts: NCLB <input type="radio"/> Cert <input type="radio"/> Class (48 units)					
<input type="radio"/> Copy of Social Security Number					
<input type="radio"/> TB Test Information and Forms					
<input type="radio"/> Fingerprint Information and Forms					
<input type="radio"/> EEE Lift Test					
<input type="radio"/> Bilingual Testing					
<input type="radio"/> Orientation Date: _____					
<input type="radio"/> Supplemental Information Packet					
<input type="radio"/> Blue (New Employee W/O Ben)					
<input type="radio"/> Green (New Employee W/Ben)					
<input type="radio"/> Salmon (Cur Emp Elig for Ben)					
<input type="radio"/> Yellow (Cert Day-to-Day Sub)					
<input type="radio"/> Insurance Eligibility Forms					
<input type="radio"/> Union Membership					
EMPLOYMENT HANDOUTS	P/W DATE GIVEN	INITIAL	P/W DATE COMPLETED	INITIAL	FOR HRS USE ONLY
<input type="radio"/> Career Lattice <input type="radio"/> Aide <input type="radio"/> SCL <input type="radio"/> TAB					<input type="radio"/> Federal & State Withholding
<input type="radio"/> Instructional Aide Handbook					<input type="radio"/> Fingerprint Form
<input type="radio"/> Retirement Booklet(s)					<input type="radio"/> Electronic Deposit Form
<input type="radio"/> 403(b) Compare (All Employees, Subs)					<input type="radio"/> Worker's Compensation Form
<input type="radio"/> Professional Growth Information (Class)					<input type="radio"/> Retirement Forms
<input type="radio"/> Professional Improvement Info (Cert)					To Lead Payroll Technician on:
<input type="radio"/> SSA 1945 (Cert, Cert Sub if applicable)					_____
<input type="radio"/> Substitute Resource Guide (White) (EO)*					Date Initials
<input type="radio"/> SubFinder Information (EO)*					

*EO = Employee Orientation

INTERNAL FOR HR USE ONLY (Quality Control/Quality Assurance)

HR AUDIT to VERIFY Completion of Pre-Employment Packet by Customer Service Specialist or HR designee:	Name (Spell Out)	Date:
COMPLETED Pre-Employment Packet ROUTED to:	Name (Spell Out)	Date:
<input type="radio"/> Substitute Office <u>OR</u> <input type="radio"/> Personnel Technician II		