

Delete, or place photo here, if available.

<Company Name>

<Address Line 1>

<Address Line 2>

<City, State Zip Code>

<Website>

ORIENTATION CHECKLIST

Name: [Type Text Here]

Department: [Type Text Here]

Date: [Type Text Here]

Item To Be Covered	Emp. Signature	Date
PERSONAL FORMS		
W4 Tax Form (Federal, State, Local)		
I-9 Immigration Form		
Insurance Forms		
Employee Handbook Acknowledgment		
Drug Testing Form		
WOTC (Work Opportunity Tax Credit Form)		
New Hire Reporting Form		
Application for Employment		
Personnel Change Notice Completed		
FACILITIES		
Lockers & Washrooms		
Lunch/Break Areas		
Fire Exits		
Safety Equipment		
Time Clock Location		
Where/Who Injuries Reported To		
Employee Parking		
Tour of Facilities		
Introduction To Supervisor		
POLICIES AND PROCEDURES		
Breaks/Lunch Periods		
Punching of Time Cards		
Locker Inspections		
Purse/Briefcase/Package Inspections		
Safety/Human Health Procedures		
Absence/Lateness Policy		
Call In Procedure		

I have covered the above areas with this employee. All questions have been answered and all of the indicated areas have been explained.

Applicant's Signature:	Date:
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I understand all signed areas on this checklist and have been given the opportunity to ask and have answered any questions concerning the above areas.

Applicant's Signature:	Date:
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