



## EMPLOYEE HIRING RECORD

Academy  Powers

Name:			Hire Date:		
SSN:			Date of Birth:		
Email:			Position:		
Phone Number:					
HIRING FORM	INITIALS	DATE	HIRING FORM	INITIALS	DATE
Completed Employee Application			State Directory of New Hires		
Completed I-9 Document *			W-4 Form		
Copy of I-9 Documentation *			<input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pay Card		
CO Affirmation of Legal Work Status			Emergency Contact Information		
Signed Acknowledgment of Company Policies (Copy of Company Policy Given to Employee)					
<i>Job Description – Gossip – Drug Use – Late/Absence – Harassment – Uniform – Schedule &amp; Time Off – Bonus Plan – Injury Treatment Locations</i>					
<b>OFFICE USE ONLY</b>			PAY RATE: <input style="width: 100px;" type="text"/>		
Human Resource File Created By:		Date:	Rate:	By:	
<input type="checkbox"/> A <input type="checkbox"/> P	E-Verify	Date:	Rate:	By:	
<input type="checkbox"/> A <input type="checkbox"/> P	CO Affirmation	Date:	Rate:	By:	
<input type="checkbox"/> A <input type="checkbox"/> P	CSDNH	Date:	Rate:	By:	
<input type="checkbox"/> A <input type="checkbox"/> P	Wash Connect	Removed <input type="checkbox"/>	QUIT / TERMINATION DATE: <input style="width: 100px;" type="text"/>		
<input type="checkbox"/> A <input type="checkbox"/> P	Quicken Payroll	Inactivated <input type="checkbox"/>	Item	Size	Received
<input type="checkbox"/> A <input type="checkbox"/> P	Alarm Codes	Removed <input type="checkbox"/>	<input type="checkbox"/> Shirts		
<input type="checkbox"/> A <input type="checkbox"/> P	LogMeIn	Deleted <input type="checkbox"/>	<input type="checkbox"/> Coat		
<input type="checkbox"/> A <input type="checkbox"/> P	Safe Combination	Changed <input type="checkbox"/>	Keys	<input type="checkbox"/> A <input type="checkbox"/> P	
<input type="checkbox"/> A <input type="checkbox"/> P	Video Password	Changed <input type="checkbox"/>	Credit Cards	<input type="checkbox"/> A <input type="checkbox"/> P	
<input type="checkbox"/> A <input type="checkbox"/> P	When to Work	Removed <input type="checkbox"/>		<input type="checkbox"/> A <input type="checkbox"/> P	
<input type="checkbox"/> A <input type="checkbox"/> P	DOB/Eval Calendar	Removed <input type="checkbox"/>	Eligible for Rehire?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:					

\*Filed Separately from Employee File