



## HUMAN RESOURCES

### NEW HIRE FORMS CHECKLIST

**New Employee Name:** \_\_\_\_\_

Division/Office/Bureau/Unit:		Start Date:
Location:		Supervisor:
Classification:		
	<b>FORMS</b>	<input checked="" type="checkbox"/> Box if Complete
<b>PRE-HIRE FORMS</b>	<a href="#">Employment Eligibility Verification Form (Form I-9)</a>	<input type="checkbox"/>
	<a href="#">Supplemental Employment Agreement (ADM 4288)</a>	<input type="checkbox"/>
	<a href="#">Supplemental Nepotism Statement (ADM 4173)</a>	<input type="checkbox"/>
	<a href="#">Drug Test Notification Form (if applicable--click here for testing designated positions)</a>	<input type="checkbox"/>
	<a href="#">PERS Personal History Record</a>	<input type="checkbox"/>
	<a href="#">Social Security Form</a>	<input type="checkbox"/>
	<a href="#">Federal Tax Withholding Form (W-4)</a>	<input type="checkbox"/>
	<a href="#">State Tax Withholding Form (IT-4)</a>	<input type="checkbox"/>
	<a href="#">Municipal Tax Liability Form</a>	<input type="checkbox"/>
<b>UNCLASSIFIED PRE-HIRE FORMS</b>	<a href="#">Drug Test Acknowledgement Form</a>	<input type="checkbox"/>
	<a href="#">Unclassified Background Check Form A (Background Information)</a>	<input type="checkbox"/>
	<a href="#">Unclassified Background Check Form B (Disclosure Questionnaire)</a>	<input type="checkbox"/>
	<a href="#">Unclassified Background Check - Limited Tax Waiver Form</a>	<input type="checkbox"/>
	<a href="#">Unclassified Background Check Form - Instructions</a>	<input type="checkbox"/>
	<a href="#">Unclassified Service Explanation and Acknowledgment Form</a>	<input type="checkbox"/>
		<input type="checkbox"/>
<b>FIRST DAY FORMS</b>	<a href="#">Ohio Deferred Compensation Enrollment Form</a>	<input type="checkbox"/>
	<a href="#">Ohio National Guard Prior Service</a>	<input type="checkbox"/>
	<a href="#">Prior Service Certification (pdf) / Prior Service Certification (Word)</a>	<input type="checkbox"/>
	<a href="#">Statement of Residency in a Reciprocity State</a>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>Phase 4: First 30-60 days</b>		<input type="checkbox"/>