

Hiring Checklist

Employee Name	Date of Hire	Company Name		
<i>Need to Use?</i>	<i>Form Description</i>	<i>Date Given</i>	<i>Date Rec'd</i>	<i>Date Filed/Sent</i>
<input type="checkbox"/>	Employment Application	_____	_____	_____
<input type="checkbox"/>	Credit and Background Checking Forms*	_____	_____	_____
<input type="checkbox"/>	Employment Interview Checklist.....	_____	_____	_____
<input type="checkbox"/>	Employment Offer Letter.....	_____	N/A	N/A
<input type="checkbox"/>	Letter to Temporary Employees.....	_____	N/A	_____
<input type="checkbox"/>	W-4 Form: Employee Withholding	_____	_____	_____
<input type="checkbox"/>	I-9 Form: Employment Eligibility Verification	_____	_____	_____
<input type="checkbox"/>	Workers' Compensation Brochure , with:	_____	N/A	N/A
	Personal Chiropractor or Acupuncturist			
	Designation Form , and	N/A	_____	_____
	Personal Physician Designation Form	N/A	_____	_____
	<i>(Brochure must be provided in Spanish if employee's primary language is Spanish)</i>			
<input type="checkbox"/>	Form DE 2515: Disability Insurance Pamphlet	_____	N/A	N/A
<input type="checkbox"/>	Form DE 2511: Paid Family Leave Pamphlet	_____	N/A	N/A
<input type="checkbox"/>	General Notice of COBRA Continuation Coverage Rights	_____	N/A	N/A
<input type="checkbox"/>	HIPAA Questionnaire	N/A	N/A	_____
<input type="checkbox"/>	New Employee(s) Report: Form DE-34	N/A	N/A	_____
<input type="checkbox"/>	Sexual Harassment Information Sheet	_____	N/A	N/A
<input type="checkbox"/>	Work Permit (if employee is a minor)	_____	_____	_____
<input type="checkbox"/>	Initial Safety Training	_____	_____	_____
<input type="checkbox"/>	Emergency Information	_____	_____	_____
<input type="checkbox"/>	Employee Handbook Receipt.....	_____	_____	_____
<input type="checkbox"/>	Code of Conduct/Ethics Policy (if separate from Handbook)	_____	_____	_____
<input type="checkbox"/>	Health Insurance and Benefits Information	_____	_____	_____
<input type="checkbox"/>	Property Return Agreement	_____	_____	_____
<input type="checkbox"/>	Form DE-4: California Employee Withholding.....	_____	_____	_____
<input type="checkbox"/>	Independent Contractors Report - DE542	_____	_____	_____
<input type="checkbox"/>	Absence Request Forms.....	_____	N/A	N/A
<input type="checkbox"/>	Appropriate Exempt Analysis Worksheet.....	_____	_____	_____
<input type="checkbox"/>	List of Holidays for Current Year	_____	N/A	N/A

* Required if you do a credit or background check.

Note: Forms in bold are legally required for all California employers.

Hiring Checklist - Sample

Julie K. Douglas

Employee Name

7/05/XX

Date of Hire

California Computer Company

Company Name

<i>Need to Use?</i>	<i>Form Description</i>	<i>Date Given</i>	<i>Date Rec'd</i>	<i>Date Filed/Sent</i>
<input type="checkbox"/>	Employment Application			
<input type="checkbox"/>	Credit and Background Checking Forms*			
<input type="checkbox"/>	Employment Interview Checklist.....			
<input checked="" type="checkbox"/>	Employment Offer Letter.....	<u>6/24/XX</u>	N/A	N/A
<input type="checkbox"/>	Letter to Temporary Employees.....		N/A	
<input checked="" type="checkbox"/>	W-4 Form: Employee Withholding	<u>7/5/ XX</u>	<u>7/8/ XX</u>	<u>7/11/ XX</u>
<input checked="" type="checkbox"/>	I-9 Form: Employment Eligibility Verification	<u>7/5/ XX</u>	<u>7/5/ XX</u>	<u>7/8/ XX</u>
<input checked="" type="checkbox"/>	Workers' Compensation Brochure, with:	<u>7/5/ XX</u>	N/A	N/A
	Personal Chiropractor or Acupuncturist			
	Designation Form, and	N/A	<u>7/8/ XX</u>	<u>7/11/ XX</u>
	Personal Physician Designation Form	N/A	<u>7/8/ XX</u>	<u>7/11/ XX</u>
	<i>(Brochure must be provided in Spanish if employee's primary language is Spanish)</i>			
<input checked="" type="checkbox"/>	Form DE 2515: Disability Insurance Pamphlet	<u>7/5/ XX</u>	N/A	N/A
<input checked="" type="checkbox"/>	Form DE 2511: Paid Family Leave Pamphlet	<u>7/5/ XX</u>	N/A	N/A
<input checked="" type="checkbox"/>	General Notice of COBRA Continuation Coverage Rights.....	<u>7/5/ XX</u>	N/A	N/A
<input type="checkbox"/>	HIPAA Questionnaire	N/A	N/A	
<input checked="" type="checkbox"/>	New Employee(s) Report: Form DE-34	N/A	N/A	<u>7/15/ XX</u>
<input checked="" type="checkbox"/>	Sexual Harassment Information Sheet	<u>7/5/ XX</u>	N/A	N/A
<input type="checkbox"/>	Work Permit (if employee is a minor)			
<input checked="" type="checkbox"/>	Initial Safety Training	<u>7/5/ XX</u>	<u>7/8/ XX</u>	<u>7/8/ XX</u>
<input checked="" type="checkbox"/>	Emergency Information	<u>7/5/ XX</u>	<u>7/8/ XX</u>	<u>7/8/ XX</u>
<input checked="" type="checkbox"/>	Employee Handbook Receipt.....	<u>7/5/ XX</u>	<u>7/8/ XX</u>	<u>7/8/ XX</u>
<input type="checkbox"/>	Code of Conduct/Ethics Policy (if separate from Handbook)			
<input checked="" type="checkbox"/>	Health Insurance and Benefits Information	<u>7/5/ XX</u>	<u>7/11/ XX</u>	<u>7/15/ XX</u>
<input checked="" type="checkbox"/>	Property Return Agreement	<u>7/8/ XX</u>	<u>7/8/ XX</u>	<u>7/11/ XX</u>
<input type="checkbox"/>	Form DE-4: California Employee Withholding.....			
<input type="checkbox"/>	Independent Contractors Report - DE542			
<input type="checkbox"/>	Absence Request Forms.....		N/A	N/A
<input type="checkbox"/>	Appropriate Exempt Analysis Worksheet.....			
<input type="checkbox"/>	List of Holidays for Current Year		N/A	N/A

* Required if you do a credit or background check.

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