

Appendix Number 15

NEW EMPLOYEE ORIENTATION FORMS

Notes:

TREMONTON CITY CORPORATION
102 SOUTH TREMONT STREET
TREMONTON, UTAH 84337
(435) 257-9500

PRE-EMPLOYMENT PACKET

EMPLOYEE NAME: _____ DATE: _____

PERSONNEL CONDUCTING INTERVIEW: _____

FORMS NEEDED:

DATE: INT:

- | | | | |
|--------------------------|---------------------------------|-------|-------|
| <input type="checkbox"/> | CONDITIONAL OFFER OF EMPLOYMENT | _____ | _____ |
| <input type="checkbox"/> | EMPLOYMENT APPLICATION | _____ | _____ |
| <input type="checkbox"/> | PRE-EMPLOYMENT PHYSICAL | _____ | _____ |
| <input type="checkbox"/> | PRE-EMPLOYMENT DRUG TEST | _____ | _____ |
| <input type="checkbox"/> | CRIMINAL BACKGROUD CHECK | _____ | _____ |

JOB DESCRIPTION REVIEWED: DATE _____

SIGNATURE _____

Notes:

REV 11-10.1

A15-4

TREMONTON CITY CORPORATION
102 SOUTH TREMONT STREET
TREMONTON, UTAH 84337
(435) 257-9500

NEW HIRE ORIENTATION PACKET

EMPLOYEE NAME: _____ DATE: _____

PERSONNEL CONDUCTING INTERVIEW: _____

COPIES NEEDED:

DATE: INT:

I-9 VERIFICATION FORMS _____

FORMS NEEDED:

PERSONNEL ACTION FORM _____

NEW EMPLOYEE INFO SHEET _____

W-4 WITHHOLDING ALLOWANCE _____

EMPLOYMENT ELIGIBILITY VERIFICATION _____

HEALTH INSURANCE APPLICATIONS _____

RETIREMENT APPLICATION _____

POLICY STATEMENT AND AKNOWLDEGMENT FORM _____

FINAL JOB OFFER LETTER _____

BENEFITS REVIEWED:

INSURANCE COVERAGE

MEDICAL INSURANCE _____

DENTAL INSURANCE _____

VISION INSURANCE _____

LIFE AND AD&D INSURANCE _____

RETIREMENT - PAID BY EMPLOYER _____

VACATION _____

SICK LEAVE _____

TREMONTON CITY CORPORATION

102 SOUTH TREMONT STREET

TREMONTON, UTAH 84337

(435) 257-9500

**PART-TIME
NEW HIRE ORIENTATION PACKET**

EMPLOYEE NAME: _____ DATE: _____

PERSONNEL CONDUCTING INTERVIEW: _____

COPIES NEEDED:

DATE: INT:

I-9 VERIFICATION FORMS _____

FORMS NEEDED:

PERSONNEL ACTION FORM _____

NEW EMPLOYEE INFO SHEET _____

W-4 WITHHOLDING ALLOWANCE _____

EMPLOYMENT ELIGIBILITY VERIFICATION _____

RETIREMENT INELIGIBILITY FORM _____

POLICY STATEMENT AND ACKNOWLEDGMENT _____

FINAL JOB OFFER LETTER _____

ITEMS ASSIGNED TO NEW EMPLOYEE:

CITY IDENTIFICATION CARD DATE _____

KEYS DATE _____

NUMBER _____

TYPE _____

CITY UNIFORMS DATE _____

CREDIT CARD DATE _____

TYPE _____

NO. _____

COMPUTER PASSWORD DATE _____

TOOLS/EQUIPMENT: DATE _____

