



The Dentists Who Make You Smile

NEW EMPLOYEE CHECK LIST

<u>Employee Name</u>	<u>Location</u>
<input type="checkbox"/> Employment Application	
<input type="checkbox"/> Background Check	
<input type="checkbox"/> Scan forms to H.R. on _____ (HR@STXHealthcare.com)	
<input type="checkbox"/> Response given by H.R. to hire: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Drug Test	
<input type="checkbox"/> Taken by applicant on _____	
<input type="checkbox"/> Response given by H.R. to hire: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Confirmation from H.R. must be obtained for the above before you can proceed with the following: NO EXCEPTIONS

<input type="checkbox"/> Personnel Change Notification Form (PCN)	
<input type="checkbox"/> W-4	
<input type="checkbox"/> I-9 (By law, must provide proof of ID)	
<input type="checkbox"/> ADP Self-Serve Registration Instructions	
<input type="checkbox"/> Emergency Contact Form	
<input type="checkbox"/> Manager Checklist	
<input type="checkbox"/> STDA Employee Handbook Acknowledgement Form	
<input type="checkbox"/> Protocol for Reporting Non-Compliance	
<input type="checkbox"/> Compliance Acknowledgement and Certification Form	
<input type="checkbox"/> Dental Practice Act (solicitation of patients)	
<input type="checkbox"/> Policy Prohibiting Harassment and Discrimination in the Workplace Acknowledgement Form	
<input type="checkbox"/> Drug and Alcohol Policy Acknowledgement and Release	
<input type="checkbox"/> Employee Confidentiality and Conflict of Interest Agreement	
<input type="checkbox"/> Acknowledgement of Receipt and Understanding of STDA's Electronic/Telephonic/Internet Policy	
<input type="checkbox"/> Employee Contract Authorization	
<input type="checkbox"/> Wage Deduction Authorization	
<input type="checkbox"/> Hepatitis B Vaccine Declination	
<input type="checkbox"/> Safer Sharp Policy Acknowledgement	
<input type="checkbox"/> Employee Referral Program	
<input type="checkbox"/> Equal Employment Opportunity Personal Information Sheet	
<input type="checkbox"/> Current Copy of CPR (all center staff only)	<input type="checkbox"/> Radiology Certificate (D.A. only)
____ Yes: Attach copy of certification	____ Yes: Attach x-ray completion certificate
____ No: Arrange for certification	____ No: Arrange for certification
<input type="checkbox"/> Immunizations (all center staff only)	
<input type="checkbox"/> Nitrous Certified (D.A. optional)	
____ Attach copies of records	____ Yes: Attach certification
____ Attach signed Hepatitis Declination Form	____ No

If ALL items are not completed, the packet will be returned. Double check the checklist and verify all items are completed correctly. If Human Resources does not receive a completed packet by the payroll deadline, your new staff member will not be paid until the next payroll run – NO EXCEPTIONS