



NEW EMPLOYEE CHECK LIST

| Employee Name | Location |
|---|-----------------|
| <input type="checkbox"/> Employment Application | |
| <input type="checkbox"/> Background Check | |
| <input type="checkbox"/> Scan all 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"/> STX Employee Handbook Acknowledgement Form | |
| <input type="checkbox"/> Protocol for Reporting Non-Compliance | |
| <input type="checkbox"/> Form W-2 Notice | |
| <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) | ___ Attach copies of records |
| <input type="checkbox"/> Nitrous Certified (D.A. optional) | ___ 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