

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 08-10.1

A15-4

TREMONTON CITY CORPORATION
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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

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**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 _____

SPECIAL EQUIPMENT DATE _____

VEHICLE NO. _____ VIN# _____ DATE _____

EMPLOYEE PAYCHECK:

DATE: INT:

DIRECT DEPOSIT
