

# New Hire Appointment Checklist – EMPLOYEE NAME \_\_\_\_\_

Please print and bring this form as well as the accompanying documents with you at your new hire appointment.

**Date of New Hire Appointment:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Location: Bellevue School District, Educational Services Center:**

12111 NE 1<sup>st</sup> Street Bellevue, WA 98005

**Phone: 425-456-4040**

<b>The Position You Have been Hired For:</b>	<b>Employee Phone Number:</b>
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**\*PLEASE BRING THE FOLLOWING REQUIRED COMPLETED FORMS:**

- Employment Verification: I-9 Form (with original identification documents)\*
- W-4 Form\*
- Department of Retirement Systems Form (DRS)\*
- Data Network Resource Form\*
- Direct Deposit or Pay Card Form (with a voided check or a letter from your back)\*
- Voluntary Self-Identification Form\*
- Union form/information (if applicable)
- Badge Photo
- Fingerprinting information/Parent Authorization Form
- WA State Sexual Misconduct Disclosure Release (one for each previous Public or Private School)\*

(Please initial below)

\_\_\_\_\_ I understand I will be need to complete the safety orientation checklist with my supervisor and return the form to Human Resources in a timely manner.

\_\_\_\_\_ I have read, reviewed and understand the general safety guidelines and essential policies and the accompanying procedures as outlined above. (3207 & 3207P: Prohibition of Harassment, Intimidation and Bullying, 3210 and 3210P: Nondiscrimination, 3241 and 3241P: Classroom Management, Corrective Actions & Punishment, 3420 and 3420P: Allergy & Anaphylaxis, 3421 and 3421P: Child Abuse, 5010 and 5010P: Affirmative Action Program, 5011 and 5011P: Sexual Harassment for Personnel, 5201: Drug-Free Workplace, 5253 and 5253P: Professional Boundaries and the Workplace)

\_\_\_\_\_ Benefit Information/Packet (All except substitutes/coaches)

CPR/1<sup>st</sup> Aid/AED Training Required for this position:

YES

NO

<b>Certificated (Please initial)</b>	<b>Classified (Please initial)</b>
<input type="checkbox"/> Certificate pertaining to specific job title. <input type="checkbox"/> Computer/email contact Information Systems Dept. at 425-456-4621/456-4321.  _____ I understand my contract will be issued once certificate, official transcripts and experience is received and verified. _____ I understand I will be expected to complete the mandatory SafeSchools online modules in a timely manner.	_____ I understand I will be expected to complete the required BBP training with Human Resources within a month of hire. (All except ELP, SafeSchools). _____ I have read and understand the "Notice of Reasonable Assurance" notification (except all-year employees).  _____ I understand my assignment confirmation will be sent to my supervisor indicating my work location, schedule and rate of pay (all except substitutes).

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Employee Signature \_\_\_\_\_