

# NEW HIRE CHECKLIST

**EMPLOYEE NAME:** \_\_\_\_\_

**START DATE:** \_\_\_\_\_

**WAGE:** \_\_\_\_\_

**EMP. #:** \_\_\_\_\_ (Employee # will be assigned by payroll department)

FORM #	NAME of FORM
#851-035	Application
#851-109	New Hire Summary Form
# .pdf	Federal W-4 Form
# .pdf	State W-4 Form
# .pdf	I-9 Form
#851-030	Direct Deposit Form