

Hiring Checklist

Employee Name	Date of Hire	Company Name			
Need to Use?	Form Description		Date Given	Date Rec'd	Date Filed/Sent
<input type="checkbox"/>	Employment Application		_____	_____	_____
<input type="checkbox"/>	Credit and Background Checking Forms		_____	_____	_____
	<i>(Required if you do a credit or background check. Credit checks are severely limited in California. Criminal background checks are very limited, can only be done after a conditional job offer and require a specific process and notices. See Credit Check Checklist and Criminal Background Screening Checklist)</i>				
<input type="checkbox"/>	Employment Interview Checklist		_____	_____	_____
<input type="checkbox"/>	Employment Offer Letter		_____	_____	_____
<input type="checkbox"/>	Written Commission Agreement		_____	_____	_____
	<i>(Required if commissioned employee)</i>				
<input type="checkbox"/>	Letter to Temporary Employees		_____	_____	_____
<input type="checkbox"/>	W-4 Form: Employee Withholding		_____	_____	_____
<input type="checkbox"/>	DE-4: California Employee Withholding Certificate		_____	_____	_____
	<i>New hires are required to submit both the federal Form W-4 and the state Form DE-4.</i>				
<input type="checkbox"/>	I-9 Form: Employment Eligibility Verification		_____	_____	_____
<input type="checkbox"/>	Workers' Compensation Pamphlet , with:		_____	_____	_____
	Personal Chiropractor or Acupuncturist Designation Form , and				
	Personal Physician Designation Form				
	<i>(Brochure must be provided in Spanish if employee's primary language is Spanish)</i>				
<input type="checkbox"/>	Disability Insurance Pamphlet (Form DE 2515)		_____	_____	_____
<input type="checkbox"/>	Paid Family Leave Pamphlet (Form DE 2511)		_____	_____	_____
<input type="checkbox"/>	Sexual Harassment Pamphlet		_____	_____	_____
<input type="checkbox"/>	Rights of Victims of Domestic Violence, Sexual Assault and Stalking Pamphlet		_____	_____	_____
<input type="checkbox"/>	General Notice of COBRA Continuation Coverage Rights		_____	_____	_____
	<i>(Required for employers with 20 or more employees if offering a health plan. Separate forms for employees inside/outside California)</i>				
<input type="checkbox"/>	New Employee(s) Report: Form DE-34		_____	_____	_____
<input type="checkbox"/>	New Health Insurance Marketplace Coverage Options and Your Health Coverage		_____	_____	_____
	<i>(Required if employer is covered by the FLSA/ separate forms for employers who do/do not offer a health plan)</i>				
<input type="checkbox"/>	Wage and Employment Notice to Employees		_____	_____	_____

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<input type="checkbox"/>	Harassment, Discrimination and Retaliation Prevention Policy , with	_____	_____	_____
<input type="checkbox"/>	Confirmation of Receipt	_____	_____	_____
<input type="checkbox"/>	Lactation Accommodation Policy	_____	_____	_____
<input type="checkbox"/>	Permit to Work - Form B1-4 <i>(Required if employee is a minor)</i>	_____	_____	_____
<input type="checkbox"/>	Initial Safety Training	_____	_____	_____
<input type="checkbox"/>	Emergency Information	_____	_____	_____
<input type="checkbox"/>	Employee Handbook and Confirmation of Receipt	_____	_____	_____
<input type="checkbox"/>	Code of Conduct/Ethics Policy (if separate from Handbook).....	_____	_____	_____
<input type="checkbox"/>	Health Insurance and Benefits Information	_____	_____	_____
<input type="checkbox"/>	Property Return Agreement	_____	_____	_____
<input type="checkbox"/>	Absence Request Forms	_____	_____	_____
<input type="checkbox"/>	List of Holidays for Current Year	_____	_____	_____

Note: Forms in bold are legally required for all California employers.