

INTERVIEW/NEW HIRE PROCESSING



CANDIDATE NAME

PROVIDE AFTER PHONE SCREEN	DATE PROVIDED	DATE RETURNED
<input type="checkbox"/> Application for Employment		
<input type="checkbox"/> Brochure		
<input type="checkbox"/> CHHA Preferences and Skills Questionnaire		
<input type="checkbox"/> Certification Verification for file		

PROVIDE AND COMPLETE AT "INTERVIEW MEETING"	DATE PROVIDED	DATE RETURNED
<input type="checkbox"/> CHHA Job Description		
<input type="checkbox"/> Code of Conduct		
<input type="checkbox"/> Compensation and Benefits Extract		
<input type="checkbox"/> Employment Screening Disclosure and Authorization		
<input type="checkbox"/> Employment Screening Disclosure and Authorization--Signature Page		
<input type="checkbox"/> A Summary of Your Rights Under The Fair Credit Reporting Act		
<input type="checkbox"/> I-9; copy to file of supporting documents		
<input type="checkbox"/> PAC Assessments-Personality		
<input type="checkbox"/> PAC Assessments-Attitude		
<input type="checkbox"/> PAC Assessments-Cognitive		
<input type="checkbox"/> CHHA Pre-Employment Skills Assessment		
<input type="checkbox"/> Confidentiality, Noncompetition and Nonsolicitation Agreement (draft—for review)		
<input type="checkbox"/> Take ID Photo (for system and ID Badge)		

PROVIDE AT "INTERVIEW MEETING"—MAIL RETURN	DATE PROVIDED	DATE RETURNED
<input type="checkbox"/> Employee Physical Examination-Health Statement		
<input type="checkbox"/> OSHA Notice Hepatitis B Vaccination		
<input type="checkbox"/> Hepatitis B Vaccine Consent or Declination		
<input type="checkbox"/> W-4		
<input type="checkbox"/> NJ Tax Withholding		
<input type="checkbox"/> Direct Deposit		
<input type="checkbox"/> Notice of Employee Wishes with Respect to Clients' Advance Directives		

PROVIDE AT HIRE—TIME OF FIRST ASSIGNMENT	DATE PROVIDED	DATE RETURNED
<input type="checkbox"/> Confidentiality, Noncompetition and Nonsolicitation Agreement (Personalized)		
<input type="checkbox"/> ID Badge		
<input type="checkbox"/> Employee Handbook		
<input type="checkbox"/> Telephony instructions		
<input type="checkbox"/> Reviewed auto insurance		
<input type="checkbox"/> Provide gloves, PPE kit		
FORMS...		
<input type="checkbox"/> Request for Expense Reimbursement		
<input type="checkbox"/> Report re. Suspicion of Client Abuse, Neglect		
<input type="checkbox"/> Incident Report		
<input type="checkbox"/> Weekly Time Report		
<input type="checkbox"/> Weekly Client Activity Report by Certified Home Health Aide		