

New Employee Orientation Checklist

Employee Name: _____ Hire Date: _____ Start Date: _____

I have been informed and instructed in each of the following areas: SUBJECT MATTER		EMPLOYEE'S INITIAL	
		YES	NO
1	Formal Job Description		
2	Compensation, pay days		
3	Safety Program		
4	Reporting of Injuries		
6	Dress Code and Personal Grooming		
7	General Company Policies		
8	Parking at Company Office and Client's Homes		
9	Work Assignment Scheduling		
10	Attendance		
11	On duty conduct regarding: smoking, chewing gum, personal conversation		
12	Equipment usage		
13	Proper use of cleaning products, MSDS sheets		
14	Use of Company and Client Telephones		
15	Personal use of Company and Client Property		
16	Employee Deficiency Notices		
17	Performance Review Policies		
18	Time Off and Leave of Absence Policies		
19	Resignation/ Termination		
20	Incentive Programs		
21	Have employee execute Confidentiality/Non-compete Agreement		
22			
23			
24			

Employee's Signature: _____ Date: _____