

MARSHALLTOWN

— I O W A —

HIRE CHECK LIST –Seasonal/Temp Staff

Employee Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: Cell _____ Home _____

Email: _____ SSN: _____ Date of Birth: _____

Start Date: ____/____/____ Anticipated End Date: ____/____/____ Rate of pay: _____

High School Student _____ Estimated date of graduation _____

Position: _____ Activities: _____ Rate: _____

Position: _____ Activities: _____ Rate: _____

Position: _____ Activities: _____ Rate: _____

Employment Documents

☐ New Employee ☐ Past Employee EE#: _____

____ EEO Reporting Form ☐ Background Check Parental Consent, if applicable

____ Federal W-4 ☐ Background Check – Signed Consent Form

____ State W-4 ☐ Background Check - Completed

____ Direct Deposit ☐ Employment Application/Interview notes

____ I-9 (with copies of proper identification) ☐ Reporting Procedure for Workers' Compensation

CERTIFICATES:

☐ Lifeguard – expiration date ____/____/____

☐ CPR/First Aide – expiration date ____/____/____

☐ Other _____

Supervisor Signature

Date

City of Marshalltown - Human Resources Internal Processing Checklist

____ EE# _____

____ Payroll master/I-9/w-4's/direct deposit to payroll ____/____/____

____ Notify department of EE Number

____ Centralized Employee Registry - within 15 days of hire/rehire

<https://secureapp.dhs.state.ia.us/epay/Default.aspx?AspxAutoDetectCookieSupport=1>

Human Resource Director

Date