

## New Hire Checklist

Employee Name:	
Hire Date:	

**Requirement:**

**Notes:**

Employment Application	
Reference Checks Completed (minimum 2)	
Welcome/Confirmation Letter	
Payroll Change Form	
Fingerprint Background Check Application	
Fingerprints Completed	
Fingerprint Results Printed and Filed	
State W-4	
Federal W-4	
I9 Verification with Documentation	
Direct Deposit Form w/voided check or deposit slip	
IDES Report Form	
Employee Handbook Acknowledgment	
Benefit Acknowledgment	
Benefit Enrollment Forms	
Daycare – Provide Information and let LPLC know	
Substance Abuse Policy	
Hepatitis B Vaccine Acknowledgement	
COVID Vaccination Card	
QUEST Form (Scan to Megan)	
Employment Status	
Attendance Policy	
Job Description	
Driving Record (if applicable, copy of license to Nikki)	
Conduct Expectations	
Grievance Policy	
Disciplinary Action Policy	
HIPPA/Privacy Acknowledgment	
Professional Licenses – Copies for File and Verification Documentation	
CPR/BLS/ACLS	
OIG Check	
Added to OnShift	
Added to Relias	
Added to Time and Attendance	
Added to Bonus Spreadsheets (if applicable)	
Referral Bonus (if applicable) Add to Spreadsheet and send thank you	
Send Welcome Card	
Facility Orientation Scheduled/Supervisor Notified	
Facility Orientation Completed (documented in file)	
Relias Completed	
Department Orientation Checklist Completed and Returned	
Follow up on hiring experience, etc.	

# PAYROLL CHANGE FORM

Facility: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Clock #: \_\_\_\_\_

Start Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

Type of Change:  New Hire  Re-Hire  Term  Change

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

ID Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Department: \_\_\_\_\_

Status:  Full-Time  Part-Time  Part-Time Insurance  PRN  LOA

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INFORMATION FROM FEDERAL W4:

Tax Exempt:  Write "EXEMPT" in the space below 4c

1c: Single, Married Jointly, or Head of Household \_\_\_\_\_

2c: Box Checked

3: Dependent Amount \$ \_\_\_\_\_

4a: Other Income Amount \$ \_\_\_\_\_

4b: Deductions Amount \$ \_\_\_\_\_

4c: Extra Withholding Amount \$ \_\_\_\_\_

INFORMATION FROM STATE W4:

IL  IA

Tax Exempt:

1) Number of Basic Allowances (IL): \_\_\_\_\_

2) Additional Allowances (IL): \_\_\_\_\_

3) Additional Amount W/H (IL): \$ \_\_\_\_\_

6) Total Allowances (IA): \_\_\_\_\_

7) Additional Amount W/H (IA): \$ \_\_\_\_\_

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Date Certified: \_\_\_\_\_ # Years Certified: \_\_\_\_\_

NOTES:

Change Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: Fill in form, choose "FILE" then "SAVE AS", name form as Employee's name. Next, choose "FILE" then "ATTACH TO EMAIL" and send to aschaefer@aheinco.com, crillie@aheinco.com, and rlandis@aheinco.com.



# New Hire Reporting Form

Employers must report each new hire within 20 days.

Assistance: 1 800 327-HIRE (4473)

Please print or type

## EMPLOYER NAME AND ADDRESS

Federal Employer ID Number - FEIN 23 - 7136038

Company Name Winning Wheels, Inc.

Street Address 501 6th Avenue West

Street Address \_\_\_\_\_

City Lyndon State IL Zip Code 61261 - \_\_\_\_\_

## EMPLOYER ADDRESS FOR CHILD SUPPORT WAGE WITHHOLDING ORDERS

Street Address 501 6th Avenue West

Street Address \_\_\_\_\_

City Lyndon State IL Zip Code 61261 - \_\_\_\_\_

## NEW EMPLOYEE NAME AND ADDRESS

Social Security Number \_\_\_\_\_ Date of Hire (MM-DD-YYYY) \_\_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

## NEW EMPLOYEE NAME AND ADDRESS

Social Security Number \_\_\_\_\_ Date of Hire (MM-DD-YYYY) \_\_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Report new hires online, or by returning your completed form either by FAX 1-217-557-1947,  
or by U.S. mail IDES, P.O. Box 19212, Springfield, IL 62794-9212.

Centralized Employee Registry Reporting Form  
**To be completed by the employer within 15 days of hire.**

**New Hire Reporting**

An employer doing business in Iowa is required to report newly hired employees, rehires, and contractors to the Centralized Employee Registry. Use one of the following methods to report.

**Online Reporting-** Online reporting saves time and money and is the preferred method of reporting. Enter employee information or upload data at [iowachildsupport.gov](http://iowachildsupport.gov).

**Fax and Mail Reporting-** To report new hires and rehires, submit the following form or an equivalent form. To report contractors by fax or mail, use the Contractor Reporting form found at [iowachildsupport.gov](http://iowachildsupport.gov).

**Magnetic Media-** Record layout instructions and media types are available at [iowachildsupport.gov](http://iowachildsupport.gov).

**Employer Information**

1. Federal Employer Identification Number (FEIN): ..... 

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2. Employer name: \_\_\_\_\_

3. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

4. Employer contact and phone number: \_\_\_\_\_

5. Income provider name and address where income withholding and garnishment orders should be sent, if different from above.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Employee Information**

6. Is dependent health care coverage available? ..... Yes  No

7. Approximate date this employee qualifies for coverage (MM/DD/YYYY): ..... 

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8. Employee start date (MM/DD/YYYY): ..... 

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9. Employee date of birth (MM/DD/YYYY): ..... 

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10. Employee Social Security Number: ..... 

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11. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

12. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Mailing and contact information:**

Fax to: 800-759-5881 or 515-281-3749 (local)

Phone: 877-274-2580

Mail to: Centralized Employee Registry

PO Box 10322

Des Moines, IA 50306-0322



**Supplement A,  
Preparer and/or Translator Certification for Section 1**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



# Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle Initial (if any) from Section 1.
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

# Winning Wheels

*Comprehensive Rehabilitative Care and Independent Living Solutions*

## New Team Member Orientation – Department Day One!

<b>Team Member:</b>	
<b>Supervisor:</b>	
<b>Date:</b>	

<b>Supervisor</b>	<b>Completed (Initial)</b>
Greet the new team member at the door and show them to the timeclock, helping them clock in.	
Show the new team member where they can place their personal belongings	
Tour the new team member to acclimate to the department and then the facility, taking time to introduce them to staff and residents.	
Explain plans for the first couple of days of employment.	
Show the team member how to access Relias and have them complete their courses.	
Train team member on the OnShift system.	
Reminded team member of scheduled general orientation and what to expect the few days of employment.	

**Please list anything you would like HR to follow-up with regarding this team member:**

**Please send to HR for personnel file**

## Manger Mentor Instructions

Meeting schedule:

Day 1 (give tour)

Day 3 (give gift)

Day 7

Day 14

Day 30 (give tee shirt)

Day 60

Meet with your new hire on orientation day and give the employee a tour of the facility and go over Day 1 questions.

Each following meeting go over the questions with them and write their answers on the paper. Give the answers to Sheila or Amie.

Day 3, give them a little gift. Sheila has some in her office you can use, they are little bags of goodies, or you can get your own gift.

Day 30 give them their Winning Wheels tee shirt.



Manager:

Employee:

Date:

## **Management Mentors (Day 1)**

1. What aspects of the job are you excited about?
2. Which aspects are you worried about?
3. What questions do you have?
4. What do you enjoy doing when you are not working?
5. What are some items on your bucket list?

Manager:

Employee:

Date:

### **Management Mentors (day 3)**

- 1) How do you feel your training is going? Or how has your training been going?
  
- 2) Do you feel the person training you has given you enough training or explaining things to you?
  
- 3) Is there any area that you feel you need more training in?
  
- 4) Who has been the most and least helpful?
  
- 5) What has your favorite thing about working here since starting?
  
- 6) What's your least favorite things about working here so far?
  
- 7) Anything you need from me?

Manager:

Employee:

Date:

### **Management Mentors (day 7)**

- 1) How do you feel your training is going? Or how has your training been going?
  
- 2) Do you feel the person training you has given you enough training or explaining things to you?
  
- 3) Is there any area that you feel you need more training in?
  
- 4) Who has been the most and least helpful?
  
- 5) What has your favorite thing about working here since starting?
  
- 6) What's your least favorite things about working here so far?
  
- 7) Anything you need from me?

Manager:

Employee:

Date:

### **Management Mentors (Day 14)**

- 1) How do you feel your training is going? Or how has your training been going?
  
- 2) Do you feel the person training you has given you enough training or explaining things to you?
  
- 3) Is there any area that you feel you need more training in?
  
- 4) Who has been the most and least helpful?
  
- 5) What has your favorite thing (besides just the residents) about working here since starting?
  
- 6) What's your least favorite things about working here so far?
  
- 7) Anything you need from me?

Manager:

Employee:

Date:

### **Management Mentors (Day 30)**

- 1) How do you feel your training is going? Or how has your training been going?
  
- 2) Is there any area that you feel you need/want more training in?
  
- 3) Do your current responsibilities match what you were expecting?
  
- 4) Who has been the most and least helpful?
  
- 5) Did we meet your expectations for the first month?
  
- 6) Do you/did you have access to everything you need/needed for your job?

7) What is your favorite thing (besides just the residents) about working here since starting?

8) What's your least favorite things about working here so far?

9) Anything you need from me?

Manager:

Employee:

Date:

### **Management Mentors (day 60)**

- 1) Is there any area that you feel you need more training in?
  
- 2) Who has been the most and least helpful?
  
- 3) What has your favorite thing (besides just the residents) about working here since starting?
  
- 4) What's your least favorite things about working here so far?
  
- 5) What improvements can we make to how we operate?
  
- 6) Do you feel your ideas are being heard?
  
- 7) Do you feel like you fit in with the team?

8) Anything you need from me?



Management Mentor

Name of Mentor: \_\_\_\_\_

New Employee Name: \_\_\_\_\_

Date of 30 day (day you need T-shirt) \_\_\_\_\_

T-shirt size: \_\_\_\_\_

\*Turn into Addie at their 14 day mark to ensure we have a t-shirt ready at day 30.