

## 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)	
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)	
C.N.A. Team Leader Assigned	
Assign Management Mentor	
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.	

# WINNING WHEELS PAYROLL CHANGE FORM

HR Director

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

## 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): \$ \_\_\_\_\_

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 atoppp@ahelnco.com, crlllta@ahelnco.com, and dkpyse@ahelnco.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	<u>23</u>	-	<u>7136038</u>
Company Name	<u>Winning Wheels, Inc.</u>		
Street Address	<u>501 6th Avenue West</u>		
Street Address	_____		
City	<u>Lyndon</u>	State	<u>IL</u> Zip Code <u>61261</u> - _____
EMPLOYER ADDRESS FOR CHILD SUPPORT WAGE WITHHOLDING ORDERS			
Street Address	<u>501 6th Avenue West</u>		
Street Address	_____		
City	<u>Lyndon</u>	State	<u>IL</u> Zip Code <u>61261</u> - _____

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.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2: Employer or Authorized Representative Review and Verification**  
*(Employer or their authorized representative must complete and sign Section 2 within 8 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the Lists of Acceptable Documents.)*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name Winning Wheels, Inc.
Employer's Business or Organization Address (Street Number and Name) 501 6th Avenue West			City or Town Lyndon	State IL <input type="checkbox"/> ZIP Code 61261

**Section 3: Reverification and Rehires (To be completed and signed by employer or authorized representative)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	OR	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	AND	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen In the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
<b>For persons under age 18 who are unable to present a document listed above:</b>				
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

# 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.	
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?