

Employee Name: _____



Employee Orientation Program

This form ***MUST*** be completed as part of the hiring process.

After completion at all levels, it is to be signed by the employee and is to be filed in his/her official personnel file.

Department Operations (*Department Director*)

- | | |
|--|--|
| <input type="checkbox"/> Accreditation Training <i>Police Department</i> | |
| <input type="checkbox"/> Review Job Description | <input type="checkbox"/> Uniform Policy |
| <input type="checkbox"/> Salary/Payday & Paycheck | <input type="checkbox"/> Lockers/Locks |
| <input type="checkbox"/> Time Cards/Time Clocks | <input type="checkbox"/> Restricted Areas |
| <input type="checkbox"/> Reporting Absences | <input type="checkbox"/> Smoking Policy |
| <input type="checkbox"/> Holidays | <input type="checkbox"/> Restroom Facilities |
| <input type="checkbox"/> Work & Meal Breaks | <input type="checkbox"/> Employee Parking |
| <input type="checkbox"/> Assigned Vehicle – Use Policy | <input type="checkbox"/> Employee Bulletin Boards |
| <input type="checkbox"/> Property Agreement | <input type="checkbox"/> Business Cards |
| <input type="checkbox"/> Safety Equipment Provided/Required | <input type="checkbox"/> Citizen/Customer Service |
| <input type="checkbox"/> Review Safety Manual | <input type="checkbox"/> Introduce to Supervisor |
| <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Introduce to Co-workers |
| <input type="checkbox"/> Fires & Other Emergencies | <input type="checkbox"/> Review Daily Assignments |
| <input type="checkbox"/> Departmental Manuals | <input type="checkbox"/> Overtime Work & Reporting |
| | <input type="checkbox"/> Other |

Department Director ***Date***

Personnel (*Human Resources Director*)

- | | |
|---|--|
| <input type="checkbox"/> City Council | <input type="checkbox"/> Disciplinary Action |
| <input type="checkbox"/> Organization Chart | <input type="checkbox"/> Code of Conduct – Major / Minor |
| <input type="checkbox"/> Conditions of Employment | <input type="checkbox"/> Grievance / Appeal Process |
| <input type="checkbox"/> At Will Employment | <input type="checkbox"/> Chain of Command |
| <input type="checkbox"/> Residency Requirements | <input type="checkbox"/> Open Door Policy |
| <input type="checkbox"/> Probationary Period | <input type="checkbox"/> W/C Modified Light Duty |
| <input type="checkbox"/> Salary Progression | <input type="checkbox"/> Violence in Workplace |
| <input type="checkbox"/> Policy Manual | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Employee Handbook | <input type="checkbox"/> Discrimination / Title VI / ADA |
| <input type="checkbox"/> Job Announcement | <input type="checkbox"/> Tuition Reimbursement |
| <input type="checkbox"/> Promotions / Transfers | <input type="checkbox"/> Copy of required diploma, Certification/License (CDL) |
| <input type="checkbox"/> Reporting Absences | <input type="checkbox"/> ID Card |
| <input type="checkbox"/> Leaves – Sick / Vacation Forms | <input type="checkbox"/> Public Records Act |
| <input type="checkbox"/> Leave Share | <input type="checkbox"/> Exit Interviews |
| <input type="checkbox"/> FMLA | <input type="checkbox"/> Health Clinic / Fit Program |
| <input type="checkbox"/> 2 nd Job Approval | |
| <input type="checkbox"/> Customer / Citizen Service | |

Police Officers / Firefighters
 Mandatory Retirement Policy

Human Resources Director ***Date***

Employee Orientation Program

Occupational Safety & Health Program (H.R. Department)

- | | |
|---|---|
| <input type="checkbox"/> Safety Program | <input type="checkbox"/> Right-to-Know Policy |
| <input type="checkbox"/> Reporting Accidents | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Personal Protective Equipment (Foot, Eye, Head, etc) | <input type="checkbox"/> Panel Physicians |
| <input type="checkbox"/> Work Zone Safety | <input type="checkbox"/> Return-to-Work |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Bloodborne Pathogens |
| <input type="checkbox"/> Drug Testing | <input type="checkbox"/> Trenching Safety |
| <input type="checkbox"/> Occupational Disability/Injury Leave | <input type="checkbox"/> Proper Lifting |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Hepatitis B vaccination information |
| | <input type="radio"/> Accepted <input type="radio"/> Declined |

Safety Coordinator **Date**

General Sign-Up (Compensation/Benefits Coordinator)

- | | |
|--|---|
| <input type="checkbox"/> Personnel Action Form | <input type="checkbox"/> Open Enrollment Schedule |
| <input type="checkbox"/> Personal Data Form | <input type="checkbox"/> HIPPA |
| <input type="checkbox"/> Completed/Signed Application | <input type="checkbox"/> TCRS |
| <input type="checkbox"/> Physical Examination Form | <input type="checkbox"/> Life Insurance Sign-Up |
| <input type="checkbox"/> Withholding Form | <input type="checkbox"/> Health Insurance Sign-UP |
| <input type="checkbox"/> I-9 Form | <input type="checkbox"/> Elective Insurance |
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Christmas Club |
| <input type="checkbox"/> Copy of Driver's License | <input type="checkbox"/> Sam's Club |
| <input type="checkbox"/> Automatic Payroll Deposit | <input type="checkbox"/> Flower & Gift Fund |
| <input type="checkbox"/> Payroll Schedule | <input type="checkbox"/> Deferred Comp Sign-Up |
| <input type="checkbox"/> Longevity Pay | |
| <input type="checkbox"/> Vacation/Sick Leave; Holidays | <input type="checkbox"/> other _____ |

Compensation/Benefits Coordinator **Date**

The appropriate city official has reviewed the above listed items with me and I understand my duties and responsibilities for the position of _____ in the _____ department.

Employee's Signature

Date