

NEW EMPLOYEE DATA SHEET – MECHANICS / WASHERS / FUELERS

NAME: _____ DATE OF BIRTH: _____
 ADDRESS: _____
 PHONE #: _____ SOCIAL SECURITY #: _____
 EMPLOYEE #: _____ LOCATION: _____
 HIRE DATE: _____ INACTIVE DATE: _____

<u>DOT FILE</u>	<u>DATE</u>	
Application	_____	(all)
Driving Experience	_____	(CDL)
Copy of Drivers License / CDL	_____	(all)
Class: _____ License #: _____	Expires: _____	(all)
Copy of Social Security Card (or other form of I-9 verification)	_____	(all)
Motor Vehicle Report (MVR)	_____	(all)
Certificate of Violations	_____	(all)
Medical Certificate	Expires: _____	(CDL)
Certification of Compliance	_____	(CDL)
Request for Check of Driving Record	_____	(CDL)
Drivers Statement of On Duty Driving Hours	_____	(CDL)
Drivers Receipt for Federal Motor Carrier Handbook	_____	(CDL)
Record of Road Test	_____	(CDL)

CONFIDENTIAL FILE

Previous Employer verifications. for past 3 years	Authorization: _____	(all)
	Completed: _____	(all)
Pre employment drug screen completed on	_____	(all)
Pre employment drug screen consent	_____	(all)
Drug Policy Retest Form	_____	(all)
Drug Policy	_____	(all)
Reimbursement of Post Offer Screens	_____	(all)
Drug Free Work Place Policy and Consent	_____	(all)
D.D.T.A. HIPPA From	_____	(all)

PERSONAL

Policy Manual Acknowledgement Form	_____	(all)
Right To Know	_____	(all)
Direct Deposit Form	_____	(all)
Emergency Notification Form	_____	(all)
Protective Eyewear Policy	_____	(all)

HUMAN RESOURCES / CONFIDENTIAL

Physical	_____	(CDL)
Federal W-4	_____	(all)
State W-4	_____	(all)
Employment Verification (I-9)	_____	(all)
401 (K) Beneficiary Form	_____	(all)
Anthem Insurance Form	_____	(all)
Lincoln Life/STD/LTD/Additional Life	_____	(all)
Cigna Dental form	_____	(all)
PA Panel of Physicians	_____	(PA)

MISCELLANEOUS (resume/certification/etc.)

 Date received by Human Resource, Girard: _____ 6/2004