



## Dynamic Therapeutic Services

20 Legion Place,  
Closter, NJ, 07624  
(973) 368-8111  
fax (866) 879-3128

### NEW EMPLOYEE CHECKLIST

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

Hire Date: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

<u>Form</u>	<u>Received</u>	<u>Completed</u>
<b><u>Interview</u></b>		
Application	_____	_____
Resume	_____	_____
<b><u>Items to Collect</u></b>		
Driver's License/Social Security Card	_____	_____
License/Certification	_____	_____
Health Assessment Form	_____	_____
<b><u>Forms to Complete</u></b>		
Confidentiality Statement	_____	_____
IEP Direct Confidentiality Agreement	_____	_____
Employee Information Form	_____	_____
DTS Policies & Procedures Manual	_____	_____
Child Abuse Policy & Procedure	_____	_____
Potty Training Policy	_____	_____
Employee Referral Form	_____	_____
<b><u>Forms for Payroll</u></b>		
1099	_____	_____
W-4 or W-9 (for federal withholding)	_____	_____
I-9 (for state withholding, NY)	_____	_____