**Missouri Department of Transportation**



**New Hire Checklist**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*If the checklist is being used for seasonal/emergency workers, some items may not be applicable. | | | | | |
| Employee Information: | | | | | |
| Name | | | | Date Accepted | |
| Date of Birth | | | | SSN       -      - | |
| Address | | | | | Phone Number |
| Job Title & Code        / | | | | | Start Date |
| Safety Sensitive:  Yes  No | | | | Physically Demanding:  Yes  No | |
| CDL Required:  Yes, regular duties  Yes, safety sensitive  No | | | | | |
| Grade       /Step | | | Salary/Hourly $ | | Org. Code |
|  | | | | | |
| Pre-Employment Information: | | | | | |
| Tasks: | | | | | |
| Work Sim Scheduled | | | | Work Sim Received | |
| Drug Screen Scheduled | | | | Drug Screen Received | |
| Medical Physical Scheduled | | | | Medical Physical Received | |
| Send forms to Risk Management (Jefferson City) | | | | | |
| Send forms to clinics | | | | | |
| Initiate Background Check | | | | Background Check Received | |
| Complete | N/A |  | | | |
|  |  | After Conditional Offer is sent to CDL/safety sensitive applicants, ask and document questions on “Drug and Alcohol Question Documentation”. If any “yes” answers, contact Central Office Risk and Benefits Division. Include [Drug & Alcohol Question Documentation](http://sharepoint/facilitation/HR/hremployment/_layouts/WordViewer.aspx?id=/facilitation/HR/hremployment/Employment%20Document%20Library/Employment/Drug%20and%20Alcohol%20Question%20Documentation%20Revised%20-%20February%202015.doc&Source=http%3a//sharepoint/facilitation/HR/hremployment/Employment%2520Document%2520Library/Forms/AllItems.aspx?%26%26p_SortBehavior%3D0%26p_FileLeafRef%3DEmplHandbookOctober2012%252ddraft%252epdf%26%26RootFolder%3D%252Ffacilitation%252FHR%252Fhremployment%252FEmployment%2520Document%2520Library%252FEmployment%26PageFirstRow%3D1%26TreeField%3DFolders%26TreeValue%3DEmployment%26ProcessQStringToCAML%3D1%26%26View%3D%7b254091EA-3EEB-48C8-9DA1-F08EBFA24ACA%7d&DefaultItemOpen=1) if applicable. | | | |
|  |  | Conditional Offer Letter sent | | | |
|  |  | Verify CDL (if minimum qualification or required for snow plow, including EI/NI status if 21 and over) OR verify valid driver’s license (for positions with frequent driving) | | | |
|  |  | Complete New Employee Information Sheet (complete drug pre-employment or post-employment step) | | | |
|  |  | Complete ID Badge/Building Access Application | | | |
|  |  | Firm Offer Letter sent with training schedule (after pre-employment results come back) scanned and emailed to COHR | | | |
|  | | | | | |
| Post-Employment Information: | | | | | |
| Complete | N/A |  | | | |
|  |  | Staffing Announcement | | | |
|  |  | Job Fill Folder (see Policy 0517 for required contents of the job fill folder) | | | |
|  |  | Initiate ESMT Notification | | | |
|  |  | Enter New Employee Information/ESMT in to SAMII – scan copy of Firm Offer Letter to Central Office HR Compensation | | | |
|  |  | Acquire official college transcript (only if applicant’s job requires a degree) | | | |
| Employee’s First Day: | | | | | |
| Complete | N/A |  | | | |
|  |  | Provide employee with New Hire Paperwork excluding the I-9 Employment Eligibility Form (they need to complete section 1 on first day and return to HR Rep)   * Emergency Contact Information - enter into the Employee Information Database (EID) * Employee Address Form * Direct Deposit form (need voided check) * State and Federal W4 forms * I-9 Employment Eligibility form (need appropriate form(s) of identification) * Overtime Choice form | | | |
|  |  | New Employee Orientation (day 1 or district established date)   * Includes receiving benefit information, MPERS, etc. | | | |
|  |  | Introduce employee to mentor | | | |
|  |  | Employee name badge done | | | |
|  |  | If safety sensitive job and if new hire has worked for a previous DOT regulated employer within last 2 years, have new hire sign “Authorization of Request Drug/Alcohol Test Results from Previous Employer” form   * **Email/mail/fax form to previous employer(s) as soon as possible.** * Complete HR section of form and place in job fill file. Send copy to Central Office Risk and Benefits Division | | | |
| Employee’s Second Day: | | | | | |
| Complete | N/A |  | | | |
|  |  | Complete New Hire Paperwork and confirm all necessary accompanying documents are provided (voided check for Direct Deposit form, verification documents for I-9) | | | |
|  |  | New Employee Orientation (day 2 or district established date) | | | |
|  |  | Release employee to mentor | | | |
|  |  | I-9 Employment Eligibility Form: MUST be entered into E-Verify within 3 working days from start date. Print Authorization and staple to front of I-9 along with necessary verification document(s). Send originals to Central Office HR Employment | | | |
| SAM II Entries: | | | | | |
| Complete | N/A |  | | | |
|  |  | ATTR – AA information, DOB, marital status, gender, disability, veteran status | | | |
|  |  | ADDR – Address Information | | | |
|  |  | USR1   * for New Hire, enter SSN and enter effective date on lines 1,2,3 (only if full time) * for wage, seasonal, intern, emergency, (NODED) for MoDOT enter the effective date on line 3 and delete the date on line 4 * if a previous employee, do not enter for emergency/retiree unless retiree is returning in another position other than snow help; enter hire date on line 3 and the last day worked on line 4 | | | |
|  |  | USR3 – Enter Work Sim Information:   * Field 1 location of test * Field 2 level or code passed * Field 3 Lbs/Saw (maintenance only) * Field 4 date completed | | | |
| After ESMT Approval: | | | | | |
| Complete | N/A |  | | | |
|  |  | Update Chain of Command in the Employee Information Database | | | |
| What and Where to Send: | | | | | |
| \*Note: where to send may vary by district | | | | | |
| Complete | N/A |  | | | |
|  |  | W4 State Tax Form – send a copy to division/business unit contact, original to Payroll | | | |
|  |  | W4 Federal Tax Form – send a copy to division/business unit contact, original to Payroll | | | |
|  |  | Direct Deposit Form – send a copy to division/business unit contact with copy of voided check, original to Payroll with voided check | | | |
|  |  | Overtime Choice Form – original to Supervisor for signature (they need to send to Payroll) | | | |
|  |  | Employee Address Form – send a copy to division/business unit contact, original to HR Employment for Personnel Folder | | | |
|  |  | Emergency Contact Information from EID database–send copy to CO-HR Employment for Personnel Folder | | | |
|  |  | Copies of Address Form, Firm Offer Letter and Certificate of Receipt to put in Personnel Folder | | | |
|  |  | Official college transcripts – send to HR Employment for Personnel Folder if not attached to online profile | | | |
|  |  | Conditional and Firm Offer Letters – send to HR Employment for Personnel Folder | | | |
| Verifications: | | | | | |
| Complete | N/A |  | | | |
|  |  | Selective service record (males only between age 18-26 must be registered) – copy in file – check online verification | | | |
|  |  | Check on previous employment with any state agency; if transfer, must be on 1st or 16th of the month; check for any benefit eligible previous time | | | |
|  |  | Check SEBES to see if employee is in “contributory” plan. If so, in USR3 Field 12 – enter 2011 Tier | | | |
|  |  |  | | | |
| Information Systems Responsibilities: | | | | | |
| Verifications: | | | | | |
|  | | Processes STARTS requests | | | |
|  | | Assigns computer and/or other IT resources | | | |

***Please place copy in Employee Personnel folder***