

### Employee Induction Checklist

<i>Employee Full Name:</i>	
<i>Date Started:</i>	
<i>Date Ended:</i>	

Item Completed	Completed	Comments/ Status of Documents	Date Complete	Initial
Contract Signed	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Letter of Offer Received	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Confidentiality Agreement signed	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Position Description Given	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Tax Declaration	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employee Info Form	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Expense Form Performa Given	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Blue Card Sited	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Card Number	<input style="width: 100%;" type="text"/>			
First Aid Qualification	Yes <input type="checkbox"/> No <input type="checkbox"/>			
O.H.S. Qualification	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Licenses Sited	Yes <input type="checkbox"/> No <input type="checkbox"/>			
License #	<input style="width: 100%;" type="text"/>			
Superannuation Fund Name				
Superannuation Member #				
Super Choice Form Signed				

