Pre-Employment Checklist

Applicant Name:	_ Social Security Number
Position/Title:	Department
Interviewed By:	
Additional Interview Notes:	
References Contacted:	
Name:	Date Contacted:
Notes:	
Name:	Date Contacted:
Notes:	
Name:	Date Contacted:
Background Check Completed and Approved?	
Education Verified?	
Applicable Licenses/Certifications Verified?	
Drug Screening Completed?	Results?
Applicant Status: Hired Not Hired	Type of Employee: Regular Temporary
Position Type: Full Time Part Time	Benefits: Yes No
Available Start Date:	Wage/Salary Requested:
Official Start Date: St	arting Wage/Salary:
Approved by:	Date:



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Allan Schweyer,Ed Newman,Peter De Vries

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