WORKING INTERVIEW CHECK LIST

All Working Interview documents must be completed and sent to HR before the Working Interview begins work

	Working Interview Name	Location
	Manager Working Interview Checklist	
	Employment Application	
	Personnel Change Notification Form (PCN)	
	Equal Employment Opportunity Form (EEO)	
	W-4	
	I-9 (By law, must provide proof of ID)	
	Temporary Time Sheet (Scan timesheet to: P.	AYROLL@STXHealthcare.com)
		ing Interview <u>MUST</u> be made king days***
Once the decision has been made, HR must be notified with proper documentation:		
• NOT Hiring the Working Interview		
Please fax the following paperwork ASAP: (HR@STXHealthcare.com)		
	□ Personnel Change Notification Form (PCN) to "Terminate" Working Interview	
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	Hiring the Working Interview	
`	Please send the following paperwork ASAP:	
	Background Check	
	Scanned to H.R. on(HI	2@STYHaaltheara.com)
	Sent an e-mail confirming fax sent	(STATICALINEAL C.COM)
	Response given by H.R. to hire:	Yes No
	response given of mixture mixture.	
	□ Drug Test	
	Taken by applicant on	
	Response given by H.R. to hire:	Yes No
Date o	f applicant beginning the Working Interview:	
Date of applicant beginning the Working Interview: Date of applicant ending the Working Interview status: (3days from above date)		
Confirmation of results from H.R. must be obtained for the above before Working Interview		
becomes a regular Full / Part-Time Employee. <u>NO EXCEPTIONS</u> Once Manager receives		
confirmation from HR, then the remainder of the "New Hire" paperwork must be completed.		