

TREMONTON CITY CORPORATION  
102 SOUTH TREMONT STREET  
TREMONTON, UTAH 84337  
(435) 257-9500

**NEW HIRE ORIENTATION PACKET**

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PERSONNEL CONDUCTING INTERVIEW: \_\_\_\_\_

**COPIES NEEDED:**

**DATE: INT:**

I-9 VERIFICATION FORMS \_\_\_\_\_

**FORMS NEEDED:**

PERSONNEL ACTION FORM \_\_\_\_\_

NEW EMPLOYEE INFO SHEET \_\_\_\_\_

W-4 WITHHOLDING ALLOWANCE \_\_\_\_\_

EMPLOYMENT ELIGIBILITY VERIFICATION \_\_\_\_\_

HEALTH INSURANCE APPLICATIONS \_\_\_\_\_

RETIREMENT APPLICATION \_\_\_\_\_

POLICY STATEMENT AND AKNOWLDEGMENT FORM \_\_\_\_\_

FINAL JOB OFFER LETTER \_\_\_\_\_

**BENEFITS REVIEWED:**

INSURANCE COVERAGE

MEDICAL INSURANCE \_\_\_\_\_

DENTAL INSURANCE \_\_\_\_\_

VISION INSURANCE \_\_\_\_\_

LIFE AND AD&D INSURANCE \_\_\_\_\_

RETIREMENT - PAID BY EMPLOYER \_\_\_\_\_

VACATION \_\_\_\_\_

SICK LEAVE \_\_\_\_\_

