Nevada County
Superintendent of Schools

SHORT-TERM EMPLOYEE HIRING CHECKLIST

NAME:_____
Last First MI

Please list address to which you would like your check/W-2 mailed:

MAILING ADDRESS:_____

CITY/ZIP CODE _____

PHONE NUMBER: _____ OTHER PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

Bring the following to your Hiring Meeting

- ☐ Temp Classified Employee Checklist (this form)
- ☐ Completed Live Scan Form (w/Receipt)
- ☐ TB Certificate
- ☐ Mandated Child Abuse Reporter Certificate
- ☐ I-9 Form w/<u>original</u> forms of ID (check p. 9 for acceptable documents)
- ☐ Notice of Exclusion from CalPERS (**Classified only)**
- ☐ STRS Permissive Membership Form **(Cert. Only)**
- ☐ Social Security Form **(Cert. Only)**
- ☐ Oath of Office
- ☐ Policy Signoff
- ☐ W-4 Form
- ☐ Workers Comp Predesignation of Personal Physician (optional)

Office Use Only

- ☐ Date Packet Received _____
- ☐ LiveScan Clearance Received _____
- ☐ TB Certificate Expiration _____
- ☐ MCAR Certificate Date: _____
- ☐ I-9 IDs received:
  Column A **<u>OR</u>** Column B **AND** Column C
  ☐ Passport ☐ Driver's lic ☐ SSN Card
  ☐ Other _____ ☐ Other____ ☐ Other_____
- ☐ CALPERS (Class) _____
- ☐ STRS (Cert Only) _____
- ☐ SSN Form (Cert Only) _____
- ☐ Oath of Office _____
- ☐ Policy Signoff _____
- ☐ W-4 Form _____
- ☐ Workers Comp _____