



HERTFORD COUNTY NEW EMPLOYEE

Revised - 1/27/09

CHECK-OFF LIST

Applicant / Employee _____

Department _____

Supervisor _____

Social Security (last 4) _____

North Carolina drivers license # _____ **Expiration Date** _____

Date	Initials	Class
_____	_____	County Personal Policy (Reviewed-New Employee Orientation)
_____	_____	Safety Check Sheet (Handout)

Classes Taken

_____	_____	Bloodborne Policy Training
_____	_____	Hazard Communication Training
_____	_____	Department Safety Policy (Department Heads will provide department safety training to new employee)
_____	_____	Fleet Management Training

Specialized Training that you have completed as it relates to safety:

Will you be driving a County owned vehicle? _____

Signature Employee _____ **Date** _____

Signature Human Resources _____ **Date** _____

Signature Safety Director _____ **Date** _____

Comments:

