

HIRING CENTER ROUTE SHEET

JOB SITE: _____ JOB # _____
CRAFT: _____ RATE: _____
FOR: _____

NEW HIRE	CHECK ONE BOX
REHIRE	
TRANSFER	

NAME: _____ **SSN:** _____

CELL #: _____ **J&E#:** _____

PRIOR J&E STATUS

PAYCODE: _____ EMPLOYEE CODE: _____ LOGIN: _____
(all lower case)
LAST PAY DATE: _____ TERM CODE: _____ PASSWORD: _____
(all numbers)

CHECKOFF LIST _____ DOCUMENTS _____ I9 _____ TWIC EXP: _____

NASAP STATUS _____	<u>SENT</u>	<u>RECEIVED</u>	<u>RESULTS</u>	<u>REVIEWER</u>
____ DRUG SCREEN	DATE: _____	_____	_____	_____
____ PHYSICAL	DATE: _____	_____	_____	_____
____ BACKGROUND	DATE: _____	_____	_____	_____
____ SAFETY COUNCIL	DATE: _____	_____	_____	_____

TRAINING

BLN ID _____ NCCER: _____ NCCER PLUS: _____

____ NEW EMPLOYEE ORIENTATION _____ HAZARD/GLOBAL HARMONIZED

____ DIRECT DEPOSIT _____ PAY CARD _____ PREVIOUSLY HAD PAY CARD

____ JOB REFERRAL _____ ADDRESS VERIFIED _____ BADGE REQUEST: _____
