

## Employee File Check List

## YMCA OF WESTERN STARK COUNTY

\*\*\*\*Attached Forms Completed by Hiring Supervisor\*\*\*\*

EE First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

(Email required)

☐ Supervisor: \_\_\_\_\_

Hiring supervisor please verify & mark these ☐  
Payroll Department will mark these ☐

### Pre-Employment Paperwork

- ☐ ☐ Application for Employment\* *(by Employee)*
- ☐ ☐ Payroll Authorization Form\* *(by Supervisor & signed by branch director)*
- ☐ ☐ I-9, page 2 Section 2\* *(by Supervisor)*
- ☐ ☐ References Checked Proof\* *(by Supervisor)*
- ☐ ☐ Code of Conduct\* *(reviewed with employee & signed by employee & supervisor)*
- ☐ ☐ Background Check Authorization 1pg\* *(by Employee)*
- ☐ ☐ Background Check Authorization 2pg\* *(by Employee)*

**\*Turn these items into Finance Department upon hiring new staff**

### Additional Employee File Items:

- ☐ ☐ Minor Work Permit\* **–REQUIRED for anyone under 18 years of age**
- ☐ ☐ Job Description
- ☐ ☐ Resume (if available)
- ☐ ☐ Copies of Certifications

Background Check (i.e. fingerprints or online) **REQUIRED**

- ☐ ☐ Fingerprints JFS 01176 (Program Notification of Background Check Review)
- ☐ ☐ HireRight
- ☐ ☐ Child Sexual Abuse Prevention Certificate **REQUIRED**  
ODJFS OR Praesidium Academy

### Employee File Items Done ONLINE

- ☐ I-9 Employment Eligibility Verification, page 1 *(completed online by employee)*
- ☐ Staff Information & Membership Waiver
  - On Staff Info.: Initialed Employee Handbook Receipt (Date: \_\_\_\_\_)
- ☐ Employee Tuition & Training Assistance Agreement (Date: \_\_\_\_\_)
- ☐ IT-4 Ohio Withholding Exemption Certificate
- ☐ W-4 Federal Withholding Allowance Certificate
- ☐ Authorization for Direct Deposit (required)

#### Office Use:

- ☐ Local Tax
- ☐ Time & Attend. -Pay rates
- ☐ HireRight initiated
- ☐ Praesidium invite
- ☐ Y Membership
- ☐ Operations Login
- ☐ Operations Instructor
- ☐ Mobile Instructor



**PAYROLL AUTHORIZATION FORM***completed by supervisor*

YMCA OF WESTERN STARK COUNTY

Employee's Name: \_\_\_\_\_

EE Email: \_\_\_\_\_ EE Phone#: \_\_\_\_\_

Position/Job/Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Primary Location: \_\_\_\_\_ Primary Department: \_\_\_\_\_

☐ **NEW HIRE**☐ **REHIRE**☐ **CHANGE**☐ **TERMINATION****RATES****"Department"**

=	Admin
=	Housekeeping/ Maintenance
=	Membership <input type="checkbox"/> Weekend differential?
=	Child Watch <input checked="" type="checkbox"/> Weekend differential?
=	Aquatics <input type="checkbox"/> Weekend differential?
=	AQ - Swim Instruction
=	Fitness
=	Fit – Healthy Aging
=	Group Exercise
	Group Exercise (Land)
	Aquatic Group Exercise
=	Programs
=	Gymnastics
=	Sports
18.00	= Rental
=	Preschool
	Preschool Daycare
	PS Early Learning
=	School Age- B&A School/SDO
	School Age CC at YMCA
	School Age CC @ Fairless El.
	School Age CC @Genoa
	School Age CC @Gorrell
	School Age CC @Lohr
	School Age CC @Watson
	School Age CC @Whittier
=	Day Camp
	Summer School Age
	Day Camp
=	

**NEW/REHIRE**

Date hired \_\_\_\_/\_\_\_\_/\_\_\_\_

Date to start work \_\_\_\_/\_\_\_\_/\_\_\_\_

If new position, authorized by whom: \_\_\_\_\_**CHANGE**

Effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for rate change (*attach employee review if applicable*):Change Calc.

Current rate: \_\_\_\_\_ Change % or \$: \_\_\_\_\_

2% / \$0.25

**TERMINATION**

Last day worked: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for termination: \_\_\_\_\_

Would you re-hire this individual? OYes ONo

Form **originated** by: \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_Form **approved** by: \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

(Branch Director's Signature)





# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)				
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee employee will sign online (Paycom)					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name			Today's Date (mm/dd/yyyy)		
Employer's Business or Organization Address, City or Town, State, ZIP Code					

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and  (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		<b>For persons under age 18 who are unable to present a document listed above:</b>	
10. School record or report card			
11. Clinic, doctor, or hospital record			
12. Day-care or nursery school record			
<b>Acceptable Receipts</b>  May be presented in lieu of a document listed above for a temporary period.  For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"><li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li><li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li><li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li></ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## REFERENCE CHECK FORM

Applicant's Name: First _____ M.I. _____ Last _____			Position Applied For _____
Reference Name: First _____ Last _____			(_____) _____ Phone _____
<b>Ask all questions and record answers fully.</b>			
<b>1.</b> How long have you known the applicant? _____ years _____ months			
<b>2.</b> What is your relationship? <input type="checkbox"/> Supervisor or employer <input type="checkbox"/> Friend or neighbor <input type="checkbox"/> Relative <input type="checkbox"/> Co-worker <input type="checkbox"/> Teacher <input type="checkbox"/> Other _____			
<i>If the reference is or was the applicant's supervisor or employer, please complete this section.</i>			
Applicant's job title _____			
Your job title _____ Company _____			
Dates of applicant's employment (MM/DD/YYYY): ____/____/____ to ____/____/____			
Reason applicant left employment _____			
Is the applicant eligible for rehire? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If no, please explain: _____			
Briefly confirm duties the applicant performed. Agree with application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3.</b> How would you rate the applicant in regard to the following qualities?			
Reliability/dependability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Ability to work with others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Productivity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Quality of work	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Communication skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Judgment in normal circumstances	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Judgment under pressure or stress	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
<b>4.</b> How would you describe the applicant's character and ability to work with others?			
_____			
_____			

5. What are the applicant's strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What are the applicant's greatest needs for development and improvement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How would you describe the applicant's capacity to be responsible, follow rules, and work independently? \_\_\_\_\_  
\_\_\_\_\_

8. Have you observed any problems related to the applicant? Are you aware of significant complaints from staff, parents, customers, members, or others?  
☐ No ☐ Yes If yes, please explain: \_\_\_\_\_

9. Is there a reason that you would recommend not hiring this person?  
☐ No ☐ Yes If yes, please explain: \_\_\_\_\_

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**CHILD INVOLVEMENT HISTORY.**

10. To the extent of your knowledge, describe the applicant's roles in working with children; for example, coaching, youth organizations, schools, baby-sitting, etc.  
\_\_\_\_\_  
\_\_\_\_\_

11. Please rate the applicant's interaction skills with children and teens.  
☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Have not observed

12. In the time you have known the applicant, did you observe anything that would cause you to be uncomfortable about recommending him or her for a position working with young people?  
☐ No ☐ Yes If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Is there any reason the applicant is not suited for work with children? ☐ No ☐ Yes  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

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Reference checked by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(print name)

Signature \_\_\_\_\_  
(must be signed by individual checking reference)





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<i>If the reference is or was the applicant's supervisor or employer, please complete this section.</i>			
Applicant's job title _____			
Your job title _____ Company _____			
Dates of applicant's employment (MM/DD/YYYY): ____/____/____ to ____/____/____			
Reason applicant left employment _____			
Is the applicant eligible for rehire? <input type="checkbox"/> No <input type="checkbox"/> Yes			
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If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

---

Reference checked by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(print name)

Signature \_\_\_\_\_  
(must be signed by individual checking reference)