



## Certified Surgical Assistant Onboarding Packet

**Linda Healthcare Corporation** is a professionally managed clinical staffing company that provides temporary and permanent placement services for Registered Nurses, Surgical Technologists, Medical Assistants, and Certified Surgical Assistants across a variety of clinical settings.

The company's key to success is matching health care professionals with locations, facilities, and assignments that are just right for them. Employees at Linda Healthcare Corporation are experienced in their specialties, so our clients can depend on them to produce quality results from the first day until the completion of any job placement. Linda Healthcare Corporation, we are all about personal relationships. It is the reason we are able to deliver exactly what our clients and employees need. Our people are our business.

### Why Linda Healthcare Corporation

We spend a significant amount of time answering this question. It turns out that the answer is the same for both our clients and employees:

- **Flexibility**
- **Opportunity**
- **Choice**

We have built our reputation on offering our clients the highest level of service by providing seasoned professionals. We also provide a learning environment for all employees so they can continue to advance their education. For more information, please visit our website at [www.lindahealth.com](http://www.lindahealth.com) or contact us at **1-844-MS-LINDA** or by email, [linda@lindahealth.com](mailto:linda@lindahealth.com). You can rest assured that someone from our office will contact you as soon as possible regarding your inquiries.

**Thanks,**

Linda Gwin  
Principal  
1-844-MS-LINDA  
[linda@lindahealth.com](mailto:linda@lindahealth.com)

Employee: \_\_\_\_\_

Hire Date: \_\_\_\_\_



## EMPLOYEE ONBOARDING CHECKLIST

ADMINISTRATIVE		
✓	Form	Date Completed
<input type="checkbox"/>	Application for Employment	
<input type="checkbox"/>	Resume	
<input type="checkbox"/>	Offer Letter (Signed)	
<input type="checkbox"/>	Job Description	
<input type="checkbox"/>	Employee Agreement (Signed)	
<input type="checkbox"/>	Background Authorization Consent Form (Signed)	
<input type="checkbox"/>	Policy & Procedure Acknowledgment ( <i>Substance Abuse, Attendance, Standard Precautions</i> )	
<input type="checkbox"/>	Conflict of Interest Notice	
PAYROLL		
✓	Form	Date Completed
<input type="checkbox"/>	Direct Deposit Form (with Voided Check)	
<input type="checkbox"/>	W-4 Form (Federal)	
<input type="checkbox"/>	W-9 Form (1099 Independent Contractor)	
<input type="checkbox"/>	Time Sheet	
LEGAL		
✓	Form	Date Completed
<input type="checkbox"/>	Copy of Social Security Card	
<input type="checkbox"/>	I-9 Form (Employment Eligibility Verification)	
<input type="checkbox"/>	Copy of Valid Driver's License	
HEALTH		
✓	Form	Date Completed
<input type="checkbox"/>	Hepatitis Shot	
<input type="checkbox"/>	TB Test	
<input type="checkbox"/>	Flu Vaccine	
<input type="checkbox"/>	Immunization Record	
<input type="checkbox"/>	Consent for Release of Health Information	
TRAINING / EDUCATION / LICENSES & CERTIFICATIONS		
✓	Form	Date Completed
<input type="checkbox"/>	Competencies	
<input type="checkbox"/>	Employee Training Acknowledgment (BBP, OSHA, Infection Control, HIPAA, etc.)	
<input type="checkbox"/>	CEU's	
<input type="checkbox"/>	CPR	



## **POLICY ACKNOWLEDGEMENT**

The Employee Acknowledgement Form describes important information about my employment with Linda Healthcare Corporation AND/ OR ITS AFFILIATED COMPANIES and I understand that I should consult with a Linda Healthcare Corporation representative regarding any questions not answered in this policy, or any areas that are unclear to me. I have entered my employment relationship with Linda Healthcare Corporation AND/ OR ITS AFFILIATED COMPANIES voluntarily and acknowledge that there is no specified length of employment.

Accordingly, either Linda Healthcare Corporation AND/ OR ITS AFFILIATED COMPANIES or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Since the information and policies described here are subject to change, I acknowledge that revisions to the policies may occur, except to the policy of employment at will. All such changes will be communicated through official notice, and I understand that revised information may supersede, modify, or eliminate existing policies.

Only Linda Healthcare Corporation AND/ OR ITS AFFILIATED COMPANIES, has the ability to adopt any revisions to the policies or any other pertinent details pertaining to employment.

Furthermore, I acknowledge that the Employment Acknowledgment Form is neither a contract of employment nor a legal document. I have received, revised and reviewed the below policies and understand that it is my responsibility to comply with the policies of Linda Healthcare Corporation and all customers. As Linda Healthcare Corporation AND/ OR ITS AFFILIATED COMPANIES continue to grow, I understand that there may be additional requirements implemented that I must adhere to in order to continue my employment.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## MANDATORY EMPLOYEE TRAINING ACKNOWLEDGEMENT

All employees are required to sign the "Employee Training Acknowledgement Form" upon completing all required training. This acknowledgement simply states that he/she has undergone the required training and that he/she understands the information that was presented in the training sessions.

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> OSHA                | <input checked="" type="checkbox"/> Customer Service     | <input checked="" type="checkbox"/> Customer Service in Surgical Environment Exposure to BloodBorne Pathogens |
| <input checked="" type="checkbox"/> Workplace Violence  | <input checked="" type="checkbox"/> Workplace Ergonomics | <input checked="" type="checkbox"/> Fire Safety   |
| <input checked="" type="checkbox"/> HIPAA               | <input checked="" type="checkbox"/> Infection Control    | <input checked="" type="checkbox"/> Sources of Injury in the OR & SPD   |
| <input checked="" type="checkbox"/> Workplace Diversity | <input checked="" type="checkbox"/> Sexual Harassment    | <input checked="" type="checkbox"/> Conflict Resolution   |

I \_\_\_\_\_, acknowledge that I have completed all the above classes and understand the information presented to me during the classes. I also understand that if I should have any questions later concerning any of the topics covered, I can seek the assistance of my immediate supervisor/manager for answers or further explanations.

By signing this form, I am affirming accountability for the information provided in these sessions. Thus, I am expected to follow and abide by the information that was presented and likewise, I will be held accountable for defiance or failure to adhere. Thus, it is strongly advised that I seek assistance immediately if I have any questions or concerns.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



<b>TIME SHEET</b>						
Employee Name			Title:			
Customer Name:						
Department:			Supervisor:			
DATE	START TIME	END TIME	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS (Office Use Only)	MANAGER INITIALS
Weekly Totals:						
Additional Comments:						
Employee Signature:			Date:			
Office Manager Signature:			Date:			

**\*Notes**

- Make sure the manager initials dates and times of service.
- An unsigned time sheet will delay processing of the time sheet.
- Leave the total hours blank for the office manager to calculate.
- Email all time sheets to [linda@lindahealth.com](mailto:linda@lindahealth.com) .