



INGALLS MEMORIAL HOSPITAL  
NEW EMPLOYEE ORIENTATION ACKNOWLEDGEMENT

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

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

**SECTION 1**

*I acknowledge that I have read and will adhere to the Policies and Procedures provided within the Ingalls Memorial Hospital - New Employee Orientation.*

Signature: \_\_\_\_\_

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**SECTION 2**

*I acknowledge that it is my responsibility, in conjunction with the hospital, to have performance evaluations completed on the first 10 shifts, at 3 months and then on an annual basis.*

Signature: \_\_\_\_\_

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**SECTION 3**

Please check **one** of the following:

\_\_\_\_\_ I am not currently, nor have I ever been, an employee of Ingalls Memorial Hospital or an Ingalls Memorial Hospital affiliate.

\_\_\_\_\_ I was employed by Ingalls Memorial Hospital from \_\_\_\_\_ to \_\_\_\_\_.

Signature: \_\_\_\_\_

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**SECTION 4**

I understand that I may only work at Ingalls Memorial Hospital through **one** healthcare staffing agency.

I declare that \_\_\_\_\_ is my preferred agency.

I am aware that I must notify Ingalls Memorial Hospital OneSource Program in writing, if I choose to change my preferred agency selection.

Signature: \_\_\_\_\_