**First Day on the Job** *Provide Copy to Client*

Company Name: Supervisor Name:

Company Address: Company Phone:

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| **Transportation**Write down specifics: Include phone #’s, bus #’s, stop, etc.To work: Pick-up time $  Bus Number Bus Stop Transportation by: Important Details:  Put money aside to pay for transportation:Daily amount $ Weekly Amount: $  | **Starting the Job –Day One**Starting time: End Time: Supervisor: Co-worker/Mentor: Job Coach:  Phone:  Back-up: Other: **Learn primary work areas:**[ ]  Locker space [ ]  Time clock [ ]  Bathroom[ ]  Lunch Time [ ]  Break time [ ]  Other  |
| **Pre-Work Routine**Transportation to work is at what time? Set time to awake for work Arrange personal hygiene routine Picked out clothes/uniform Breakfast Other meals(lunch/dinner), if needed Other Practice run-through prior to starting job date  | **Miscellaneous:** |