**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:** |