

STATE OF ALABAMA, DEPT. OF INDUSTRIAL RELATIONS

NEW HIRE REPORTING FORM (NH-1, Rev 9/97)

EMPLOYER FEIN 636001102

00012

EMPLOYER NAME

TROY UNIVERSITY

MARK ONE OF THE FOLLOWING BOXES: New Hire

Recall

Job Refusal

Mark box like this

NOT like this



SOCIAL SECURITY NUMBER

FIRST DAY OF WORK
(OR DATE OF REFUSAL)

EMPLOYER REPRESENTATIVE PHONE NUMBER
(Only in case of job refusal)

E

LAST NAME

FIRST NAME

MI

1

STREET NUMBER

STREET NAME OR RURAL ROUTE AND NUMBER

PO BOX NUMBER

2

OR

CITY

STATE

ZIP CODE

3

THE ABOVE INFORMATION IS TRUE AND CORRECT

EMPLOYEE Signature

Date

EMPLOYER
Representative Signature

Date