

STATE OF ALABAMA, DEPT. OF INDUSTRIAL RELATIONS

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

EMPLOYER FEIN 636000720 00012

EMPLOYER NAME UNIVERSITY OF MONTEVALLO

MARK ONE OF THE FOLLOWING BOXES: New Hire Recall Job Refusal Mark box like this NOT like this

NOT like this

SOCIAL SECURITY NUMBER

E - -

FIRST DAY OF WORK (OR DATE OF REFUSAL)

M M D D Y Y Y Y Y

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

() -

LAST NAME

1

FIRST NAME

MI

STREET NUMBER

2

STREET NAME OR RURAL ROUTE AND NUMBER

P.O. BOX NUMBER

CITY

3

STATE

ZIP CODE

THE ABOVE INFORMATION IS TRUE AND CORRECT

EMPLOYEE Signature _____ Date _____

EMPLOYER Representative Signature _____ Date _____