

New Hire Reporting Form

REQUIRED EMPLOYER INFORMATION:

(Please type or print **LEGIBLY** in blue or black ink **ONLY**)

Employer FEIN:

Employer Name:

Employer Address (Street, City, State, Zip):
PO Box's are not acceptable

Employer Contact Name:

Employer Contact Phone Number:

Employer Contact Fax Number:

Employer Contact Email:

Please fax this form to:

866-PAHIRES (866-748-4473) (TOLL FREE)

Or 717-657-HIRE (717-657-4473) (Local)

Or mail this form to:

*Commonwealth of Pennsylvania
New Hire Reporting Program
P.O. Box 69400
Harrisburg, PA 17106-9400*

Questions?

Contact New Hire Customer Service at 888-PAHIRES (888-724-4737)

Or by email at: RA-LI-CWDS-NewHire@pa.gov

This form may be duplicated as needed

Save time and postage costs.

Online reporting is fast, free and paperless.

For more information about how to get started, please visit

www.pacareerlink.state.pa.us

Or contact our customer service at 888-PAHIRES (888-724-4737)

REQUIRED EMPLOYEE INFORMATION: (Please type or print **LEGIBLY** in blue or black ink **ONLY**)

ONE EMPLOYEE PER BOX

Employee Social Security Number

Legal Name (First) (Middle) (Last)

Street Address (Post Office Box is not acceptable) Apartment Number (if available)

Zip Code City State

Date of Hire (MM/DD/YYYY) Date of Birth (MM/DD/YYYY)
(Must be within 3 years of current date)

ONE EMPLOYEE PER BOX

Employee Social Security Number

Legal Name (First) (Middle) (Last)

Street Address (Post Office Box is not acceptable) Apartment Number (if available)

Zip Code City State

Date of Hire (MM/DD/YYYY) Date of Birth (MM/DD/YYYY)
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