STATE OF ALABAMA, DEPT. OF INDUSTRIAL RELATIONS **NEW HIRE REPORTING FORM (NH-1, Rev 9/97**

EMPLOYER FEIN 636000619 03911 EMPLOYER NAME ADMIN OFFICE OF COURTS

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

E

SOCIAL SECURITY NUMBER ___-__-____

FIRST DAY OF WORK (OR DATE OF REFUSAL) __ __ __ __ __ __ __ __

EMPLOYER REPRESENTATIVE PHONE NUMBER (___) ___-____

1

LAST NAME

FIRST NAME

MI

2

STREET NUMBER

STREET NAME OR RURAL ROUTE *AND* NUMBER

OR

P.O. BOX *NUMBER*

3

CITY

STATE

ZIP CODE

THE ABOVE INFORMATION IS TRUE AND CORRECT

EMPLOYEE Signature Date

EMPLOYER Representative Signature Date

PLEASE MAKE YOUR CHARACTERS LIKE THE SAMPLES BELOW:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0

SECTION E – Employer should enter or verify social security number, first day of work, and whether new hire, recall or refusal. (Job-refusal reports should be completed in their entirety by the employer, including phone number.)

SECTIONS 1, 2, and 3 - May be completed by the employer or employee. Enter employee information indicated on the report form as shown by the example.

The form must be signed by the employee (if available) and the employer (or representative) except for job refusals, which require only the employer's signature.

COMPLETE ONE FORM PER INDIVIDUAL, PRINT IN UPPER CASE LETTERS, WRITE WITHIN THE BOXES, AND USE ONLY BLACK OR BLUE INK.