

Arkansas New Hire Reporting Form

Visit Our Website: www.arknewhire.com

Send completed form to:

P.O.B. _____

Little Rock, AR Zip

Or fax to: 1-800-xxx-xxxx

For more information: 1-800-xxx-xxxx

Employer Information

(Please Print or Type)

Federal Employer
Identification Number

Employer Name

Street Address

City/State/Zip Code

Contract Name/

Phone/E-mail

Employee Information

(Please list first, last name)

	REQUIRED		REQUIRED
Name	_____	Name	_____
SSN	_____	SSN	_____
Address	_____	Address	_____
City/State/Zip	_____	City/State/Zip	_____
Start Date*	_____	Start Date*	_____
	OPTIONAL		OPTIONAL
Date of Birth	_____	Date of Birth	_____
State of Hire	_____	State of Hire	_____
	REQUIRED		REQUIRED
Name	_____	Name	_____
SSN	_____	SSN	_____
Address	_____	Address	_____
City/State/Zip	_____	City/State/Zip	_____
Start Date*	_____	Start Date*	_____
	OPTIONAL		OPTIONAL
Date of Birth	_____	Date of Birth	_____
State of Hire	_____	State of Hire	_____

*First day employee begins work for pay