

Arkansas New Hire Reporting Form

Visit Our Website: www.arkansaworkforce.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

Name

SSN

Address

City/State/Zip

Start Date*

REQUIRED

Name

SSN

Address

City/State/Zip

Start Date*

OPTIONAL

Date of Birth

OPTIONAL

Date of Birth

State of Hire

State of Hire

Name

REQUIRED

Name

SSN

SSN

Address

Address

City/State/Zip

City/State/Zip

Start Date*

Start Date*

OPTIONAL

Date of Birth

OPTIONAL

Date of Birth

State of Hire

State of Hire

*First day employee begins work for pay