

NEW HIRE REPORTING FORM

EMPLOYER FEIN:

EMPLOYER ADDRESS: COUNTY OF SCHUYLKILL
401 N 2ND STREET
POTTSVILLE, PA 17901

CONTACT NAME: Angela Burnham-Mitchell

CONTACT PHONE: 570-628-1217

CONTACT FAX: 570-628-1109

CONTACT EMAIL: aburnham@co.schuylkill.pa.us

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

Employee Social Security Number		
Legal Name (First)	(Middle)	(Last)
Street Address (Post Office Box is not acceptable)		(Apartment Number)
Zip Code	City	State
Date of Hire (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	