Pennsylvania New Hire Reporting Program
Center for Workforce Information & Analysis

New Hire Reporting Form

COMMONWEALTH OF PENNSYLVANIA
Department of Labor & Industry

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

Employer FEIN: 23-6005687

Employer Name: Montgomery Township

Employer Address (Street, City, State, Zip): 1001 Stump Road
PO Box's are not acceptable Montgomeryville, PA 18936

Employer Contact Name: Meg Swiggard

Employer Contact Phone Number: 215-393-6912

Employer Contact Fax Number: 215-565-2665

Employer Contact Email: mswiggard@montgomerytwp.org

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)
(Must be within 3 years of current date)

Date of Birth (MM/DD/YYYY)

ONE EMPLOYEE PER BOX

Employee Social Security Number

Legal Name (First) (Middle) (Last)

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New Hire Reporting: Lending a Hand to Pennsylvania's Children