

# AdminPro, Inc.

1423 E. Eleven Mile Road Royal Oak, MI 48067 (248)543-2644 Fax (248)543-2296

## *New Hire Department of Labor Notice*

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### EMPLOYER INFORMATION:

Employer Name: \_\_\_\_\_ Division: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

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### New Hire Information:

First Name                      M.I.                                      Last Name                                      Social Security Number  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
Sex: M F                      Marital Status: Single Married Divorced Widowed

### Spouse Information:

First Name                      M.I.                                      Last Name

\_\_\_\_\_ Check if same address as above

Mailing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

### Mail an additional Notice to:

First Name                      M.I.                                      Last Name

\_\_\_\_\_ Check if same address as above

Mailing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**Prepared by:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This form must be completed and signed by a representative of the employer.**