



NEW EMPLOYEE NOTIFICATION



Effective Date
1-2019

NOTICE: Information contained on this form is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

NAME OF COMPANY _____ CMPY # _____

THIS IS AN OFFICIAL NOTIFICATION TO THE DEPARTMENT OF THE ARKANSAS STATE POLICE THAT THE INDIVIDUALS NAMED BELOW ARE NOW EMPLOYED WITH THIS COMPANY.

NAME: _____ SSN: _____ DATE OF HIRE: _____

NAME: _____ SSN: _____ DATE OF HIRE: _____

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I hereby certify to the Department of the Arkansas State Police that the above named individuals are employed by my company and their dates of employment are true to the best of my knowledge.

OWNER/MANAGER SIGNATURE _____ DATE _____