

MISSISSIPPI DEPARTMENT OF EMPLOYMENT SECURITY
NEW HIRE CARD

TO EMPLOYER: To assist in reducing claimant fraud and overpayments, please complete this card, put it in an envelope, and mail to the appropriate WIN Job Center. Please make sure card is returned the same date that a **new hire, rehire** or a **job refusal** was made.

Employer

Name _____

Address _____

Phone Number _____

Please check here - - -

If more cards are needed, _____

Date _____

Signature:

(Company Representative)

1. Employee

Name _____

SSA No. _____

Date to Begin Work _____

Date Refused Job _____

2. Employee

Name _____

SSA No. _____

Date to Begin Work _____

Date Refused Job _____

NEW HIRE CARD MAILING INSTRUCTIONS:

This is a voluntary program and does not relieve you of the responsibility to continue reporting to the State Directory of New Hires administered by the Mississippi Department of Human Services.

*Please complete the New Hire Card, **PUT IT IN AN ENVELOPE**, and return it to the appropriate WIN Job Center as shown on the website.*