

**NEW HIRE REPORTING**

As of October 1, 1997 all new applicants, Owner Operators and or Drivers for an Owner Operator are to be reported to the State Department of Human Resources of which that person is seeking a contract. **THIS IS THE LAW.** The following information is needed from the prospective applicant.

1. Full Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Social Security Number \_\_\_\_\_

5. Lessor Name \_\_\_\_\_

6. Lessor Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Lessor Federal Tax Number \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_

\_\_\_\_\_ to release the above information to the Montana Department of Human Resources. In signing this form, I agree that the above information is true and accurate. I also release this company from any and all Liability of any type as a result of providing the above information to the Montana Department of Human Resources.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Start Date : \_\_\_\_\_