EMPLOYEE TRANSFER FORM

(Please Type or Print Legibly)

NAME: _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER: _____

_____
Signature

****

COMPANY TRANSFERRING FROM:

LICENSE NUMBER: _____

The person transferring has returned all company property and the state registration card.

_____ _____
Owner/Manager Signature

****

COMPANY TRANSFERRING TO:

LICENSE NUMBER: _____

I intend to hire the above individual in a position that requires registration and have received the training records from the former company (if required). I also understand that I am required to submit an employee new hire form within 7 days of hiring this individual.

_____ _____
Owner/Manager Signature

Date: _____