Print Form

EMPLOYER CERTIFICATE AND REQUEST FOR CLAIMS HISTORY

▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲

In accordance with the provisions of Idaho Code § 9-340B(10)(b), the undersigned requests a copy of a computer claims history search of the last five (5) years of the workers' compensation records of the Idaho Industrial Commission for the worker identified below. **Requestor agrees to pay all billable costs incurred in responding to this request under the Idaho Public Records Law.**

The undersigned certifies that the requestor is the employer or prospective employer of the identified worker and that an offer of employment for the job identified below has already been extended to said worker. The undersigned certifies further that the requested information will only be used in accordance with the provisions of the Americans with Disabilities Act (42 U.S.C. 12112) or other statutory limitations. The undersigned acknowledges that this certificate is made under oath and subject to the provisions of Idaho Code § 18-5401, regarding false statements made under oath.

▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲

Worker's Full Name:* _____

Other Names Used: _____

Worker's Address:* _____

_____

Worker's Home Phone #: (____) _____

Worker's Social Security Number:* __ __ __-__ __-__ __ __ __

Description of Job Offered to this Worker:* _____.

Start Date of Job Offered:* _____.

Requestor's (Employer's) Name:* _____

Mailing Address:* _____

_____

_____

Certified By (Signature):* _____

Printed Name & Title*: _____

I.C. RESPONSE/NOTE AREA:

STATE OF _____)

) ss.

County of _____)

SUBSCRIBED AND SWORN TO Before me this _____ day of _____, _____.

_____

NOTARY PUBLIC for _____

Residing at: _____

My Commission Expires: _____

SEND COMPLETED REQUEST TO: IDAHO INDUSTRIAL COMMISSION, ATTN: RECORDS MANAGEMENT, PO BOX 83720, BOISE, ID 83720-0041

(* = Completion mandatory)