

Indiana Workers' Compensation History Request Form

Purpose: Pre-Employment Screening

Candidate Name: _____

AKA/Alias Names: _____

Candidate Address: _____

Candidate Phone Number: _____

Candidate SSN: _____

Candidate Signature: _____

Certified By (Signature): _____

Printed Name & Title: _____

STATE OF: _____

COUNTY OF: _____

SUBSCRIBED AND SWORN before me this _____ day of _____, _____

NOTARY PUBLIC FOR: _____

Residing at: _____

My commission expires: _____

Notary Stamp (if available):