

ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS
INFORMATION DISCLOSURE PRE-EMPLOYMENT RELEASE

1. To be completed by the Applicant after receiving a conditional offer of employment:

Name: _____

Social Security Number: _____

Date of Birth: _____

I authorize the release of information regarding work-related injuries, including first reports of injury and both pending and closed workers comp claim cases on file with the State Department of Workers' Compensation, to an agent for _____.

This information may include, but should not be limited to case, claim or identification number, date of injury, source of injury, type of injury, nature of injury, location of injury, employer involved in the claim, compensation and medical dollars paid, and status.

(Signature) (Date)

2. To be completed by the Employer:

A conditional offer of employment has been extended to the above named individual, as required by the Americans with Disabilities Act.

Employer's Name: _____

Employer's Address: _____

Authorized Signature: _____ Date: _____

Phone # _____ Acct. # _____

Mail the completed form with \$10.00 (check payable to DIR) per SSN to the **Central Cashier**
DIR
649 Monroe St., Room 2684
Montgomery, AL 36131

Call the Disclosure Unit at **334-242-8981** if you have questions.

3. NOTARY:

Sworn and Subscribed before me on this _____ day of _____, _____.

(Shade notary seal with pencil before faxing)

Notary Public Signature
My Commission Expires: _____