

## FIDELITY BONDING ISSUANCE FORM

**BOND ID NUMBER: Dropdown List of Bonds Purchased by the State Available for Issue**

### SECTION I. STATE BONDING COORDINATOR

**Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

### SECTION II. EMPLOYER RECEIVING BOND

**Company Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State: Dropdown List** **Zip Code:** \_\_\_\_\_

**Occupation Title of Job to be Filled** \_\_\_\_\_

**Hourly Wage** \_\_\_\_\_ **Hours per Week** \_\_\_\_\_

**Industry: Dropdown List**

- Agriculture, Forestry
- Business and Home Support Services
- Construction
- Education
- Finance and Insurance
- Government
- Health Care
- Lodging and Food Service
- Manufacturing
- Mining or Oil and Gas Extraction
- Professional, Scientific, and Technical
- Retail Trade
- Social Programs
- Transportation and Warehousing
- Utilities
- Wholesale Trade

**Employer Type: Dropdown List**

- Private for-profit
- Private non-profit
- Public sector

- Number of Employees:**
- **Dropdown List**
  - Less than 20
  - 21-50
  - 51-100
  - Over 100

**Bond Effective Date:** \_\_\_\_\_ **Total Amount of Loss Coverage:** \_\_\_\_\_

### SECTION III. WORKER COVERED BY BOND

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State: Dropdown List** **Zip Code** \_\_\_\_\_

**Sex: Dropdown List**

- Male
- Female

**Hispanic/Latino Ethnicity: Dropdown List**

- Yes
- No

**Race: Dropdown List**

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- White

#### Privacy Act Statement

The federal bonding program is authorized under Section 169 of the Workforce Innovation and Opportunity Act. The purpose of the information collected here is to issue a bond covering an employer and employee under the Federal Bonding Program. The name of the employee covered by the bond and the name, address, and contact person of the employer are necessary for a bond to be issued. Without the name of the employee and the name and address of the employer a bond cannot be issued.

#### Public Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information, which is required to obtain benefits (PL 105 220 Sections 185 and 186), is estimated to average 12 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, OWI, Division of Youth Services, c/o Mallery Johnson, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0541) at [Johnson.Mallery@dol.gov](mailto:Johnson.Mallery@dol.gov). Note: Please do not return the completed Fidelity Bond Issuance Form to this address.