



UNICOR BONDING PROGRAM EMPLOYER APPLICATION and CERTIFICATION

The job applicant, below, indicates that he/she worked previously in UNICOR (Federal Prison Industries, Inc.) while incarcerated. We are applying for UNICOR Fidelity Bond Insurance coverage on this individual in the amount of \$5,000, which will be effective for a period of six months from the initial date of employment. We further understand that the cost of this Bond will be paid in full by UNICOR.

This is to certify that _____
(Company Name)

Located at _____; _____
(Company Address) (NAIC Code, if available)

has offered _____; _____
(Job Applicant Name) (Social Security Number)

employment effective _____,
(Date)

for the position of _____;
(Job Position Name)

at the rate of _____;
(Basic Pay Amount) (Period: Week/Biweekly/Annually)

Company Representative _____;
(Printed Name) (Date)

Company Representative Signature _____.

Return the Completed Form to:
Ms. Huilan Larson,
Federal Bureau of Prisons
Education Branch,
320 First Street, NW
Washington, DC 20534