

{Required: Employer Letterhead }

**State Of New Jersey  
Department of Labor and Workforce Development  
Division of Worker's Compensation**

**EMPLOYER CERTIFICATION**

**Premier Employment Screening Services** is an authorized representative and agent of

\_\_\_\_\_ and has obtained a signed authorization for the release of  
Employer Company

Worker's compensation records from the prospective employee. The employer has certified that the employee has received an offer of employment, and that the information will be used solely in accordance with the provisions of the Americans With Disabilities Act (ADA) and the Law Against Discrimination (LAD).

Sincerely,

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Printed name and title of signatory

\_\_\_\_\_  
Date