



**NO INJURY DECLARATION FORM
(for New Hires ONLY)**

I attest that _____ was hired by _____

Owner/Manager of _____. Since his/her hire date of _____

he/she has had no accidents or work-related injuries. By signing this letter, I verify that this statement is true and correct.

Employee's Signature

Employee Printed Name

Date

Owner/Manager Signature

Owner/Manager Printed Name

Date