



**Prospective employment authorization and certification**

**This form must be signed by a party eligible to receive the information requested.**

Este formulario está disponible en español en el sitio web de la División en

<https://www.tdi.texas.gov/forms/dwc/dwc156.pdf>

Para obtener asistencia en español, llame a la División al 800-252-7031.

**Part 1. To be completed by the job applicant**

<b>1. Job applicant name</b> (first, middle, last)	<b>2. Social security number</b>
<b>3. Address</b> (street or PO box, city, state, ZIP code)	<b>4. Date job application submitted</b>
I understand that the law allows prospective Texas employers to get certain work-related injury information about me from the Texas Department of Insurance, Division of Workers' Compensation (DWC). The employer must have workers' compensation insurance and must get my written authorization. DWC will give information on my prior work-related injury claims only if I had two or more general injury claims in the last five years. I authorize DWC to give information allowed by law on my work-related injuries to the prospective employer below.	
<b>5. Signature of job applicant</b>	<b>6. Date of signature</b> (mm/dd/yyyy)

**Part 2. To be completed by the prospective Texas employer**

<b>7. Employer name</b>	<b>8. Employer's federal employer ID number</b> (FEIN)
<b>9. Address</b> (street or PO box, city, state, ZIP code)	<b>10. Date employer received job application</b>
<b>11. Requester phone number</b>	<b>12. Requester email address</b>
I am a prospective Texas employer, and I have workers' compensation insurance. I am not prohibited from receiving this information under the Americans with Disabilities Act of 1990, 42 U.S.C. §12101 <i>et. seq.</i> because: (Employer must check one):	
<input type="checkbox"/> I am a Texas employer who is not covered by the Americans with Disabilities Act of 1990. (The Americans with Disabilities Act of 1990 defines "employer" as: "a person engaged in an industry affecting commerce who has 15 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding year and any agent of such person.")	
<input type="checkbox"/> I am a Texas employer who is covered by the Americans with Disabilities Act of 1990 requesting this information before hiring the above-named job applicant. I have made a conditional offer of employment to the above-named applicant. I am requesting this information about all post-offer prospective job applicants in this job category, regardless of disability. To get information about the Americans with Disabilities Act, call 1-800-949-4232; TDD 1-713-520-5136, or the Texas Commission on Human Rights at 512-437-3450.	

I certify that I am entitled to receive the confidential claim information requested. I understand that it is a Class A misdemeanor to unlawfully receive, publish, disclose, or distribute confidential information in or derived from an employee's claim file. Texas Labor Code Sections 402.083, 402.086, 402.087, 402.088, 402.089, and 402.091.

**13. Signature of requester**

**14. Printed name of requester**

**15. Date of signature** (mm/dd/yyyy)

## FAQ

### Prospective employment authorization and certification (DWC Form-156)

#### Who may request prospective employment authorization and claim information about a job applicant?

Texas Labor Code Section 402.087 allows a prospective employer who has workers' compensation insurance coverage to get information on the prior injuries of an applicant for employment. The employer must make the request no later than the 14th day after the prospective employee applies for a job.

#### What information will DWC provide when responding to a request?

DWC will provide the dates of injury and descriptions of two or more general injury claims in the past five years.

#### What are the required fields on the DWC Form-156?

All applicable fields must be completed each time a DWC Form-156 is submitted. DWC will return incorrect or incomplete forms.

- **Section I** – employee name, Social Security number, address, and date of job application are required. The job applicant must authorize the perspective employer to request the information.
- **Section II** – company name, phone number, Federal Tax ID number, date the job application was received, and employer's address are required. Employer may also provide an email address to receive the response. The email address is confidential under Texas Government Code Section 552.137 and will not be released without the employer's consent. The employer must also provide information about the Americans with Disabilities Act by checking one of the boxes. The employer must certify that they are entitled to receive the confidential claim information.

#### Where do I send the DWC Form-156? How can I get more information?

Send the signed form to DWC:

- **Fax:** 512-804-4378
- **Mail:** Texas Department of Insurance, Division of Workers' Compensation  
Claims and Coverage Services, Mail Code: BP-OPS  
PO Box 12050  
Austin, TX 78711-2050
- **Personal delivery to a DWC office:** you can find location information and other assistance at [www.tdi.texas.gov/wc](http://www.tdi.texas.gov/wc) or call 800-252-7031.

**IMPORTANT: By submitting the DWC Form-156, the requester represents that he or she is entitled to the information requested and has full authority to act as a requester. It is a Class A misdemeanor for an unauthorized person to receive confidential claim file information or disclose such information to an unauthorized person. Texas Labor Code Sections 402.083, 402.086, 402.087, 402.088, 402.089, and 402.091.**

**Note:** With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact [DWCLegalServices@tdi.texas.gov](mailto:DWCLegalServices@tdi.texas.gov) or refer to the Corrections Procedure section at [www.tdi.texas.gov](http://www.tdi.texas.gov).