

JARED POLIS
Governor

JOSEPH BARELA
Executive Director

KELLY FOLKS
Director



DEPARTMENT OF LABOR AND EMPLOYMENT

WORKFORCE DEVELOPMENT PROGRAMS

633 17th Street, 7th Floor
Denver, Colorado 80202-3627

Dear _____,

This letter serves to introduce, _____, as a worker in the _____ industry and who has been determined eligible for participation in the Federal Bonding Program. The program offers fidelity bonding insurance protection to you, the employer, if you hire individuals who are usually denied due to:

- **Ex-Offender: Record of arrest, conviction or imprisonment**
- **Substance Abuse: history of alcohol or drug abuse**
- **Poor credit history or bankruptcy**
- **Dishonorable discharge from the military**
- **Lack of employment history (youth, adults)**

This bond can cover \$25,000 for a period of six months at no cost to you. If you desire continued coverage after six months, please contact your State Bonding Coordinator to continue another six months of coverage.

If you are interested in hiring this individual or wish to obtain additional information on the Federal Bonding Program, please contact your State Bonding Coordinator at cdle_fbp@state.co.us.

State Bonding Coordinator
Colorado Department of Labor and Employment
633 17th Street, Suite 700
Denver, CO. 80202
Cdle_fbp@state.co.us

Sincerely,

Kerri Owen
State Bonding Coordinator