SPONSORSHIP STATEMENT
FOR CONTRACTOR’S EMPLOYEE

I, ________________________________, a licensed Farm Labor Contractor, agree to sponsor the application of my employee, ________________________, and shall promptly notify the Director of the Idaho Department of Labor upon the above named employee’s termination.

Additionally, I affirm that:

1. The above named employee engages in activities that would require licensing as a farm labor contractor solely on my behalf as his/her employer;

2. The above named employee does not personally employ any workers and is not responsible for paying any workers’ wages;

3. The above named employee meets all of the conditions for licensing as a farm labor contractor;

4. I, as a licensed Farm Labor Contractor and as the employer of my agricultural workers, have and will maintain proof of financial responsibility; and

5. My license remains in good standing.

______________________________  __________________________
Licensed Contractor’s Signature    Date