



EMPLOYMENT HISTORY FORM

Worker's Name	Page of	Claim Number
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Employment History

Please provide your employment history for the past three years, including self-employment and volunteer work. Please start with your most recent job and work backwards. Please list any gaps or interruptions in your work history. If you were unemployed at any time, please explain why. Did you apply for (or receive) unemployment benefits during the time period? If yes, what dates did you receive unemployment benefits? Did you seek employment during the time period? If no, why didn't you seek employment?

Please specify the MONTH and YEAR for dates. If additional space is needed, this form may be copied.

From:		To:		Reason for work interruption
Month	Year	Month	Year	
/		/		
/		/		
/		/		

Employer's Business Name	Dates (month/year): From: _____ / _____ To: _____ / _____
Employer's Street Address	Wages: \$_____ per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Month
City, State, Zip Code	Did you receive any earnings other than wages? <input type="checkbox"/> No <input type="checkbox"/> Yes: \$_____ per _____ for: <input type="checkbox"/> Tips <input type="checkbox"/> Piecework <input type="checkbox"/> Bonuses <input type="checkbox"/> Commissions
Employer's Phone Number (____) _____	Did this employer contribute to your (or your family's) medical, dental, or vision insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes
Schedule: _____ hours per day, _____ days per week	Did your employer pay or reimburse you for board, housing, fuel, or other such similar items? <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Board <input type="checkbox"/> Housing <input type="checkbox"/> Fuel <input type="checkbox"/> Other: _____ \$_____ per _____
What were your job title/job duties? _____	

Employer's Business Name	Dates (month/year): From: _____ / _____ To: _____ / _____
Employer's Street Address	Wages: \$_____ per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Month
City, State, Zip Code	Did you receive any earnings other than wages? <input type="checkbox"/> No <input type="checkbox"/> Yes: \$_____ per _____ for: <input type="checkbox"/> Tips <input type="checkbox"/> Piecework <input type="checkbox"/> Bonuses <input type="checkbox"/> Commissions
Employer's Phone Number (____) _____	Did this employer contribute to your (or your family's) medical, dental, or vision insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes:
Schedule: _____ hours per day, _____ days per week	Did your employer pay or reimburse you for board, housing, fuel, or other such similar items? <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Board <input type="checkbox"/> Housing <input type="checkbox"/> Fuel <input type="checkbox"/> Other: _____ \$_____ per _____
What were your job title/job duties? _____	

I certify that this information is true and correct to the best of my knowledge and belief.	
Date	Signature