

Information regarding your work history is required by the Workers' Compensation Division to rate your level of disability and to determine your eligibility for vocational assistance benefits. **PLEASE COMPLETE THE FORM AS ACCURATELY AND COMPLETELY AS YOU CAN.** (May attach a resume if current.)

Name: _____ Claim number: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Did you receive any unemployment insurance payments during the 52 weeks prior to injury or aggravation of this claim? Yes No

Driver license no.: _____ State: _____ Commercial driver license? Yes No

PLEASE READ CAREFULLY AND SIGN

I hereby certify the information furnished is true and correct. I also agree to release all records regarding my prior employment and education to SAIF Corporation in order to verify the information provided in this form.

Signed: _____ Date: _____

EDUCATION/TRAINING

GED Yes No Date of Certificate: _____ Type: Military GED State GED

High School Diploma Yes No Date: _____ Highest grade completed: _____

Last high school attended: _____ City: _____ State: _____

College/Trade school: _____ Dates attended: _____

Address: _____ City: _____ State: _____

Degrees/certificates/licenses: _____

Classes taken: _____

Typing/keyboarding Yes No wpm: _____ Hand dominant Left Right

List other equipment and tools you can use:

Interests/hobbies/volunteer activities:

Currently Union member Yes No Name of Union: _____

Date joined: _____ Specific duties or training received: _____

Military service Yes No Branch: _____

Highest rank: _____ Date entered: _____ Date separated: _____

EMPLOYER AT INJURY

List all jobs you have had in the past 10 years (including self employment) starting with the job you were doing at the time of your injury.

1 - Employer at injury: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Dates of employment: From _____ to _____ Total months worked: _____

Job title: _____ Wage: _____

Supervisor: _____

Check one: full time part time Check one: seasonal temporary permanent

Job duties:

Machinery/tools/
equipment used:

Reason for leaving:

PREVIOUS WORK HISTORY

2 - Previous employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Dates of employment: From _____ to _____ Total months worked: _____

Job title: _____ Wage: _____

Supervisor: _____

Check one: full time part time Check one: seasonal temporary permanent

Job duties:

Machinery/tools/
equipment used:

Reason for leaving:

PREVIOUS WORK HISTORY

3 - Previous employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Dates of employment: From _____ to _____ Total months worked: _____

Job title: _____ Wage: _____

Supervisor: _____

Check one: full time part time Check one: seasonal temporary permanent

Job duties:

Machinery/tools/
equipment used:

Reason for leaving:

PREVIOUS WORK HISTORY

4 - Previous employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Dates of employment: From _____ to _____ Total months worked: _____

Job title: _____ Wage: _____

Supervisor: _____

Check one: full time part time Check one: seasonal temporary permanent

Job duties:

Machinery/tools/
equipment used:

Reason for leaving:

PREVIOUS WORK HISTORY

5 - Previous employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Dates of employment: From _____ to _____ Total months worked: _____

Job title: _____ Wage: _____

Supervisor: _____

Check one: full time part time Check one: seasonal temporary permanent

Job duties:

Machinery/tools/
equipment used:

Reason for leaving:

SUPPLEMENT FORM

IF YOU ARE NO LONGER WITH YOUR EMPLOYER AT INJURY, PLEASE LIST ALL JOBS THAT YOU HAVE HAD SINCE YOUR INJURY (INCLUDE ANY SELF EMPLOYMENT). Please attach additional sheets if needed.

Employer name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Dates of employment: From _____ to _____ Total months worked: _____

Job title: _____ Wage: _____

Supervisor: _____

Check one: full time part time Check one: seasonal temporary permanent

Job duties:

Machinery/tools/
equipment used:

Reason for leaving: