

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 Date joined: \_\_\_\_\_

Name of union: \_\_\_\_\_

Military service  Yes  No Branch: \_\_\_\_\_

Highest rank: \_\_\_\_\_ Date entered: \_\_\_\_\_ Date separated: \_\_\_\_\_

Specific duties or training received: \_\_\_\_\_

**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: \_\_\_\_\_

Circle one: full time part time Circle 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: \_\_\_\_\_

Circle one: full time part time Circle 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: \_\_\_\_\_  
Circle one: full time part time Circle 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: \_\_\_\_\_  
Circle one: full time part time Circle 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: \_\_\_\_\_  
Circle one: full time part time Circle 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: \_\_\_\_\_  
Circle one: full time part time Circle one: seasonal temporary permanent  
Job duties: \_\_\_\_\_  
\_\_\_\_\_  
Machinery/tools/equipment used: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION/WORK HISTORY FORM**