

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 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:

### EDUCATION/WORK HISTORY FORM