

---

**CLAIMANT'S WORK BACKGROUND**

---

**A. To be completed by Hearing Office**

(Claimant and Social Security Number)

(Wage Earner and Social Security Number)  
(Leave blank if same as claimant)

The last time we brought  
your case up-to-date was:

---

**B. To be completed by the claimant**

---

**PLEASE PRINT**

---

Start with your most recent job, and list that and any work performed within the past 15 years.

---

**DATE OF EMPLOYMENT  
(APPROXIMATELY)**

**NAME OF EMPLOYER AND  
LOCATION OF EMPLOYMENT**

**DUTIES PERFORMED**

---

**FROM**

---

**TO**

---

**FROM**

---

**TO**

---

**FROM**

---

**TO**

---

**FROM**

---

**TO**

---