

TO: _____

ADDRESS: _____

I hereby authorize and request that you give to _____ or its representative all information it, or he, may desire concerning me and which has been acquired by you resultant to an employer-employee relationship or other business association, including transcripts of your records concerning me.

Date: _____

Signed: _____

Statement--Employment

Claim No. _____

Name of Employee _____ Age _____ Sex _____

Address _____

1. When was employee first employed by you?	Date _____
2. Has employee been continuously employed by you since date given in answer to question 1, above?	Yes or No _____ If no, give full particulars: _____ _____
3. Give date employee first absent from his regular duties and causes therefore as known to you.	Date: _____ _____ _____
4. Date employee first able to resume any duties subsequent to date shown in answer to question 3, above.	Date: _____
5. Date employee first able to resume any duties subsequent to date shown in answer to question 3, above.	Date: _____
6. Has employee, as of this date, returned to work?	Yes or No _____ If no, state reason therefore as known to you _____ _____
7. Employee's occupation and exact duties?	Occupation: _____ Duties: _____ _____
8. Hourly earnings for twelve (12) consecutive months immediately preceding the given in answer to question 3, above.	_____
9. Is employee entitled to any Group Insurance benefits as a result of this absence?	Yes or No _____ If yes, give weekly benefits. \$ _____ Per week
10. If you wish to amplify, please use this space: 	

Date _____

By _____

Title _____

Address _____
No. Street City State