



BELIZE SOCIAL SECURITY - Employment Declaration

1	NAME	<i>First</i>	<i>Middle</i>	<i>Last</i>	SS No.:
	2 <i>Also Known As</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>	

3 **Please indicate your CURRENT Employment Status (Check mark)**

Un-Employed	<input type="checkbox"/>	Go to Item 4.
Self-Employed	<input type="checkbox"/>	Go to Item 4.
Employed - Full Time	<input type="checkbox"/>	Employer Name: _____ Address Work Site _____
Employed - Part Time	<input type="checkbox"/>	Employer Name: _____ Address Work Site _____
Employed - Casual Basis	<input type="checkbox"/>	Employer Name: _____ Address Work Site _____
Employed - On Contract	<input type="checkbox"/>	Employer Name: _____ Address Work Site _____

4 **Were you employed (other than self-employed) since June 1981?** YES / NO _____

5 **Work History**

Year/Period of Employment	Employment Status (ref. item 3)	Employment Type (occupation)	Employer or Business Name

6 Insured Person's Signature: _____ Date: _____ Witness to Mark: _____

Official Use:	PROCESSED BY	DATE	VERIFIED BY	DATE
All in order:				
Contributions Researched:				
#s Merged & Deleted:				
Investigation Requested:				
Followup Date:				