



SOCIAL SECURITY BOARD

EMPLOYMENT DECLARATION

1	Name	First	Middle	Last
2	Also Known as	First	Middle	Last

SS No: _____

3 Please indicate your current Employment Status (Check mark)

Un-Employment	<input type="checkbox"/>
Self-Employed	<input type="checkbox"/>
Employed-Full Time	<input type="checkbox"/>
Employed-Part Time	<input type="checkbox"/>
Employed - Casual Basis	<input type="checkbox"/>
Employed - On Contract	<input type="checkbox"/>

Go to item 4
Go to item 4

Employer Name _____	Address Work Site _____
Employer Name _____	Address Work Site _____
Employer Name _____	Address Work Site _____
Employer Name _____	Address Work Site _____

4 Were you employed(other than self-employed)since June 1981? YES/NO _____ (If NO, Please go to Item 6)

5 **Work History**

Year/Period of Employment	Employment Status (ref.item3)	Employer or Business Name	Address(Work Site)

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

Official Use:	PROCESSED BY	DATE	VERIFIED BY	DATE	COMMENTS
All in order:					
Contributions Reseached:					
#'s Merged & Deleted:					
Investigation Requested:					
Follow up-Date:					