



SOCIAL SECURITY BOARD

Employment Declaration



SOCIAL SECURITY BOARD

SS No.: _____

1	NAME	<i>First</i>	<i>Middle</i>	<i>Last</i>
2	Also known as	<i>First</i>	<i>Middle</i>	<i>Last</i>

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

Un-Employed	<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. item 3)	Employer or Business Name	Address (Work Site)

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

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