

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

Starting with your most recent job, list any work performed within the **past 15 years**.

DATES OF EMPLOYMENT (approximately)	NAME OF EMPLOYER AND LOCATION OF EMPLOYMENT	DUTIES PERFORMED
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		

Form HA-4633



Signature

Date