

WORK HISTORY

Injured Employee: _____

Referring Attorney: _____

(Please Circle) Pre-Injury Employment - Job at Time of Injury - Post-Injury Employment

Company _____ Location _____

Job Title _____ Dates Worked _____

Wage _____ Hours Worked Per Week _____

Job Description: _____

(Please Circle) Pre-Injury Employment - Job at Time of Injury - Post-Injury Employment

Company _____ Location _____

Job Title _____ Dates Worked _____

Wage _____ Hours Worked Per Week _____

Job Description: _____

(Please Circle) Pre-Injury Employment - Job at Time of Injury - Post-Injury Employment

Company _____ Location _____

Job Title _____ Dates Worked _____

Wage _____ Hours Worked Per Week _____

Job Description: _____

(Please Circle) Pre-Injury Employment - Job at Time of Injury - Post-Injury Employment

Company _____ Location _____

Job Title _____ Dates Worked _____

Wage _____ Hours Worked Per Week _____

Job Description: _____

(PLEASE PRINT ADDITIONAL PAGES FOR WORK HISTORY IF NECESSARY)