

**KENTUCKY DEPARTMENT OF WORKERS' CLAIMS
 PLAINTIFF'S EMPLOYMENT HISTORY**

Name		Social Security Number/ Green Card				
Name and Address of Employer (Begin with most recent Employer)	Type of Industry	Occupation	Period of Employment		Exposure to substances causing occupational disease (specify substance)	Was an injury sustained while working for this employer?
			Begin Date	End Date		
1.						
2.						
3.						
4.						
5.						
6.						
7.						

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Plaintiff's or Attorney's Signature

Date