

Central Pennsylvania Teamsters Pension Fund

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EMPLOYMENT FORM

1. Name:

Social Security Number:

2. Address:

3. Telephone Number:

4. Last Employer Covered Under the Central Pennsylvania Teamsters Pension Fund:

(a) Name:

(b) Address:

5. Current or Potential Employer:

(a) Name:

(b) Address:

6. Type of Business in Which Your Current or Potential Employer is Involved:

7. The Geographic Area Covered By Your Current or Potential Employer:

8. How Many Hours Do You Work or Will You Work Per Month:

9. List The Employers For Whom You Worked And A Specific Description Of The Type Of Work Performed, While Covered Under the Central Pennsylvania Teamsters Pension Fund:
 - (a) Did You Need Any Special License Or Training While Covered Under The Central Pennsylvania Teamsters Pension Fund? If Yes, Please Describe:

10. A Specific Description Of The Type Of Work You Are OR Will Be Performing In Your Current or Potential Job. If You Contend That You Are Or Will Be A "Supervisor", You Must Provide Specific Information As To Your Duties. (You Must Also Provide Specific Information Concerning The Duties Of The Employees You Supervise):

11. Did Your Current or Potential Position Require You to Take Any Training Prior To Assuming Employment? If Yes, Please Describe, Including Any Licenses Needed:

12. What Types Of Duties Or Skills Are Required In Your Current or Potential Job That Were Not Required Or Used While You Were Covered The Central Pennsylvania Teamsters Pension Fund?

I hereby certify that the above information is true and correct.

Participant's Signature

Today's Date

Sworn to me and subscribed before
me this _____ day of _____, 20____.

Notary Public