

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 Begin Date      End Date		Exposure to substances causing occupational disease (specify substance)	Was an injury sustained while working for this employer?
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