



LOCAL 463 ENTENMANN'S

SALESPERSON'S TRUST FUND

P.O. Box 39 • COLLINGSWOOD, NJ 08108

WORK RECORD CARD

NAME: _____ LOCAL UNION #: _____
FIRST M.I. LAST

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

GENDER: CHECK ONE M F

MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED

ADDRESS: _____

PHONE #: _____ EMAIL: _____

CURRENT EMPLOYER: _____

HIRE DATE: _____

PLEASE LIST BELOW ALL COMPANIES IN THE LOCAL 463 ENTENMANN'S SALESPERSON'S TRUST FUND FOR WHOM YOU HAVE WORKED. BEGIN WITH THE FIRST COMPANY AND CONTINUE WITH THE NAMES OF EACH COMPANY UP TO YOUR PRESENT COMPANY. GIVE THE DATES OF EMPLOYMENT TO THE BEST OF YOUR KNOWLEDGE. CHECK THE BLOCK TO SHOW IF YOU WORKED AS A UNION OR A NON-UNION EMPLOYEE. IF YOU WORKED AS BOTH A UNION AND A NON-UNION EMPLOYEE, LIST THE COMPANY FOR EACH PERIOD OF SERVICE AND SHOW THE DATES AND WHETHER IT WAS UNION OR NON-UNION SERVICE. IF YOU NEED ADDITIONAL SPACE, USE THE BACK OF THIS FORM.

<u>COMPANY NAME</u>	<u>FROM</u> MONTH-DAY-YR	<u>TO</u> MONTH-DAY-YR	<u>REASON NO</u> <u>LONGER</u> <u>EMPLOYED</u>	<u>UNION</u>	<u>NON-</u> <u>UNION</u>