Employment History for a Claim Under the Energy Employees Occupational Illness Compensation Program Act

U.S. Department of Labor
Office of Workers' Compensation Programs
Division of Energy Employees Occupational Illness Compensation

OMB Control No: 1240-0002
Expiration Date: 05/31/2028

Note: Read the instructions on page 3 first and provide as much information as possible. Do not write in the shaded areas. Sign and date the bottom of page 2. You also have the option to complete, digitally sign, and submit the form online at **https://eclaimant.dol.gov**. If you choose to complete your form online, mailing the form is not necessary.

Williams, Robert 987-65-4321
Williams, Bob

Employee's Information (print clearly)

1. Employee's Name (Last, First, Middle Initial)	2. Former Name (e.g. Maiden/Legal Change)	3. Social Security Number (if known)

Contact Information for Person Completing this Form (print clearly)

4. Name (Last, First, Middle Initial)	5. Telephone Number(s)
	a. Home: ( ) -
6. Address (Street, Apt. #, P.O. Box)	b. Work: ( ) -
(City, State, ZIP Code)	c. Cell/Other: ( ) -

Employee's Work History (provide as much information as known - if necessary attach a separate sheet)

In chronological order, **starting with the most recent period of employment**, provide the complete work history of the employee named above. Provide as much identifying information as known concerning the name of the employer and location (city & state) where the employee performed the work. If you require additional space to explain or clarify a point, attach a signed supplemental statement to this form.

Employment #1
Start: 06/01/1985 End: 12/31/1992
Facility: ABC Manufacturing Plant
Location: Building A, Floor 2 Industrial City, OH
Contractor: Safety First Corp
Position: Machine Operator Union: No
Duties: Operated machinery, maintained equipment, followed safety protocols

Employment #2
Start: 02/15/1993 End: 08/30/2005
Facility: XYZ Chemical Works
Location: Laboratory Section Chemical Valley, WV
Contractor: ChemSafe Solutions
Position: Lab Technician Union: No
Duties: Analyzed chemical samples, maintained lab equipment, documented test results

Employment #3
Start: 01/10/2006 End: 05/15/2018
Facility: Nuclear Processing Facility
Location: Containment Unit 3 Atomtown, NM
Contractor: Nuclear Safety Inc
Position: Radiation Safety Officer Union: Yes
Duties: Monitored radiation levels, ensured compliance with safety regulations, train...

Employer - 1

From Date: Month Day Year **To Date:** Month Day Year

Facility Name (spell out name)	Specific Location (building/site/mine/mill)	City/State where work performed

Contractor/sub-contractor or Vendor name(s)

Type of Facility/Employer (check one)
☐ - Department of Energy Facility ☐ - Beryllium Vendor ☐ - Unknown
☐ - Atomic Weapons Facility ☐ - Uranium Miner/Miller/Transporter

Position Title or Mine/Mill Activity

Was a dosimetry badge worn while employed? ☐ Yes ☐ No ☐ Unknown

Work Identification Number

If known, provide the Dosimetry Badge Number:

Description of Work Duties (describe in detail)

Describe or list the work conditions/exposures you believe caused or contributed to the claimed work illness(es) at this facility

Indicate whether the employee participated in any employer health programs or unions at this facility (check all that apply)

☐ Former Worker Program (FWP) ☐ Radiation Exposure Screening and Education Program (RESEP) ☐ Other Medical Study
☐ Other Medical Surveillance Program ☐ Union Member ☐ Other (specify):