

**EMPLOYMENT AFFIDAVIT  
(FORM MUST BE COMPLETED IN FULL)**

The information you provide on this form may assist us in establishing additional Service Credit.

Please return to:

Central States, Southeast and Southwest Areas Pension Fund  
PO Box 5109  
Des Plaines IL 60017-5109

SOCIAL SECURITY NUMBER:

LAST NAME:

FIRST NAME:

MI:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

COMPANY NAME:

AFFILIATED WITH OR ALSO KNOWN AS:

LOCATION (CITY, STATE):

TYPE OF INDUSTRY/PRODUCT/ ETC.:

RETAIL OR WHOLESALE?

PERIOD OF EMPLOYMENT		CHECK ONE		LOCAL UNION	TYPE OF WORK (if more than one duty, please list them and specify the main duty)
From (month/day/year)	To (month/day/year)	Part-time or Casual	Full Time		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

During each of the following calendar years, the above person was employed for at least 1,000 hours:

During each of the following calendar years, the above person was employed for at least 500 hours but less than 1,000 hours:

Indicate which of the above calendar years the above person worked under a collective bargaining agreement with the teamster union:

Did the person have supervisory authority and the power to hire and fire or recommend it?  YES  NO

If yes, please explain:

I know these facts to be true from:

- my personal knowledge of the person and/or
- work records maintained by the above named company.

I HEREBY CERTIFY THAT THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:

Name of Person Signing Form	(Please Print)	My relationship to the employee is:	
Signature		<input type="checkbox"/> manager / supervisor of the above company	
Address		<input type="checkbox"/> co-worker	
		<input type="checkbox"/> other (please explain):	
Phone Number		Date	

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Or fax to: 847-518-9752