



**List below all present and past employment, beginning with your most recent.**

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

**II**

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

**III**

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

**IV**

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

May we contact the employers listed above? \_\_\_\_\_ If not, indicated by No. which one(s) you do not wish us to contact \_\_\_\_\_

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my employment history.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DIVISION OF WORKERS COMPENSATION**

300 S.W. Jackson Street, Suite 600, Topeka, Kansas 66612-1277

Phone: (785) 296-3441 - Fax: (785) 296-0839

WEB SITE: <http://www.hr.state.ks.us/wc/html/wc.htm>

E-Mail: [workerscomp@hr.state.ks.us](mailto:workerscomp@hr.state.ks.us)

**Request for Workers Compensation Records  
For Party Requesting Information**

Name: \_\_\_\_\_ Phone Number: ( 785 ) 243-3895

Company or Entity: Gerard Tank & Steel, Inc.

Address: 1540 E 11th St., PO Box 513

City, State, Zip: Concordia, KS 66901

Workers Name: \_\_\_\_\_ Worker's SS# \_\_\_\_\_

Records sought:  Accident reports  Medical records  Form 88's  Transcript Proceed.

In order to acquire accident reports, medical records or Form 88's, the requestor must be in category I or II below. Please specify which categories pertain to you and provide the accompanying information:

- I) Are you:  The employer of a worker seeking workers compensation benefits.
- An insurance carrier with coverage of a worker seeking workers compensation benefits.
- An insurance carrier's attorney/representative for the employer.

Date of accident: \_\_\_\_\_

- II) Are you:  An employer which has made a conditional offer of employment to the individual whose records are sought.
- An insurance carrier of an employer which has made an employment offer to the individual whose records are sought.
- An insurance carrier's attorney/representative for the employer.

Type of job conditionally offered the individual: \_\_\_\_\_

**The following release must be signed by the worker to whom the offer of employment was made:**

I hereby verify that I have been offered employment by the individual or entity requesting my records from the Division of Workers Compensation of the State of Kansas and give the Division permission to release the records specified to the individual or entity making the request.

Signature of Worker: \_\_\_\_\_

I certify that all information provided by me is true and correct to the best of my knowledge. I understand that providing false or misleading information may be a fraudulent or abusive practice under the Workers Compensation Act and may subject me to prosecution.

Signature of Requestor: \_\_\_\_\_

Date: \_\_\_\_\_

**Federal Privacy Act Disclosure Section 7(a)(2)(B)**

The mandatory requirement that social security number be included in forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.