

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN

P O Box 43449 Las Vegas, Nevada 89116

Telephone: (702) 369-0000

Fax: (702) 369-2198

EMPLOYEE STATUS - WORK HISTORY

To receive your personal pension information complete all of the following items, sign, date, and return this form to the Pension Office at the above address. **PRINT OR TYPE ALL INFORMATION.**

A. PERSONAL DATA:

If you have worked under other names please list names and dates of name changes.

Participant
Name:

Last

First

Middle

Social Security Number: _____

(ATTACH COPY OF YOUR SOCIAL SECURITY CARD)

Mailing
Address:

Number & Street

City

State

Zip

Telephone:

(Area Code)

Number

Union:

Culinary Local 226

Bartenders Local 165

Date of Birth: _____

Male

Female

Never Married

Married

Divorced

Widowed

Other _____

If married, list spouse's name and date of birth.

Spouse Name: _____

Date of Birth: _____

B. EMPLOYMENT HISTORY:

Employer Name & Address

Job Classification

Dates of Employment

From

To

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate if you are still employed.

C. PARTICIPANT'S SIGNATURE:

Signature: _____

Date: _____