



## ***Educational Background***

GED: Where Obtained:		Date Received (M/D/Y) / /
High School:	Date Entered (M/D/Y) / /	Date Graduated (M/D/Y) / /
Trade School:	Date Entered (M/D/Y) / /	Date Graduated (M/D/Y) / /
Continuing Education Courses:	Course Name:	Date Completed (M/D/Y) / /
Continuing Education Courses:	Course Name:	Date Completed (M/D/Y) / /
College:	Date Entered (M/D/Y) / /	Date Graduated (M/D/Y) / /
Degree Received: _____ Major: _____		
Graduate School:	Date Entered (M/D/Y) / /	Date Graduated (M/D/Y) / /
Degree Received: _____		
Graduate School:	Date Entered (M/D/Y) / /	Date Graduated (M/D/Y) / /
Degree Received: _____		
Post Graduate:	Date Began (M/D/Y) / /	Date Completed (M/D/Y) / /

## ***Current Employment:***

Current Employer	Occupation (Job Title)	Date of Hire (M/D/Y) / /	
Business Address	City	State	Zip Code
Current Earnings: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Union Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Union	

## ***Wage History:***

Enter earnings for the preceding five years:

<b>Year</b>	<b>Earnings</b>
20____	\$
20____	\$
20____	\$
20____	\$
20____	\$

## ***Employment History:***

Employer Name		Job Title
Date of Hire (M/D/Y) / /	Date of Termination (M/D/Y) / /	Earnings: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

Employer Name		Job Title
Date of Hire (M/D/Y) / /	Date of Termination (M/D/Y) / /	Earnings: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

Employer Name		Job Title
Date of Hire (M/D/Y) / /	Date of Termination (M/D/Y) / /	Earnings: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

Employer Name		Job Title
Date of Hire (M/D/Y) / /	Date of Termination (M/D/Y) / /	Earnings: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

Employer Name		Job Title
Date of Hire (M/D/Y) / /	Date of Termination (M/D/Y) / /	Earnings: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

Employer Name		Job Title
Date of Hire (M/D/Y) / /	Date of Termination (M/D/Y) / /	Earnings: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

Employer Name		Job Title
Date of Hire (M/D/Y) / /	Date of Termination (M/D/Y) / /	Earnings: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

Employer Name		Job Title
Date of Hire (M/D/Y) / /	Date of Termination (M/D/Y) / /	Earnings: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

***Fringe Benefits:***

Check boxes that apply for employer fringe benefits.  
If known, enter **annual** amount paid by the employer.

		Before Incident	After Incident
Pension Plan	<input type="checkbox"/>	\$ _____	\$ _____
Profit-Sharing	<input type="checkbox"/>	\$ _____	\$ _____
401(k) Match	<input type="checkbox"/>	\$ _____	\$ _____
Medical Insurance	<input type="checkbox"/>	\$ _____	\$ _____
Dental Insurance	<input type="checkbox"/>	\$ _____	\$ _____
Vision Insurance	<input type="checkbox"/>	\$ _____	\$ _____
Prescription Drugs	<input type="checkbox"/>	\$ _____	\$ _____
Life Insurance	<input type="checkbox"/>	\$ _____	\$ _____
Short Term Disability Insurance	<input type="checkbox"/>	\$ _____	\$ _____
Long Term Disability Insurance	<input type="checkbox"/>	\$ _____	\$ _____
Other	<input type="checkbox"/>	\$ _____	\$ _____

Description of Other Fringe Benefits:

***Other Information:***

Please describe briefly any pre-incident and/or post-incident career plans:

This is to certify that, to the best of my knowledge, the above information is complete and accurate:

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Print Name of Preparer

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

In addition to the above, the following information will be required:

1. Income Tax Returns, **including W-2 forms**, for the five years preceding the incident to present
2. Recent Pay Stubs
3. Employment Agreements
4. Union Wage Hour Agreements
5. Police Reports
6. Medical Reports
7. Copy of Complaint Filed
8. Plaintiff's Answers to Interrogatories
9. Transcripts of Depositions

*Return to:*

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