



**NEW YORK STATE DEPARTMENT OF LABOR
CONTINUATION OF EMPLOYMENT RECORD**

SW 330.2 (06-01)

YOUR SOCIAL SECURITY ACCT. NO. → <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									PLEASE DO NOT WRITE IN THIS BOX LOCAL OFFICE USE ONLY
YOUR NAME → FIRST NAME MIDDLE INITIAL LAST NAME	L.O. NO.: _____ EFF. DATE: _____								

CONTINUE BELOW THE LIST OF YOUR EMPLOYERS DURING THE LAST 18 MONTHS. PLEASE PRINT

Company Name of Employer		Dates Worked					
		From			Through		
Payroll Address	Telephone No. ()	Mo.	Day	Yr.	Mo.	Day	Yr.
City	State	Zip Code	Work Location (if Maritime Worker Show Article No. & Name of Ship)			Return to Work Date	
REASON FOR SEPARATION <input type="checkbox"/> Lack of Work <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Strike, Lockout or Labor Dispute		Occupation on This Job			Pension from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Educational Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No		If federal: SF8 used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full time <input type="checkbox"/> Part time/intermittent					

Company Name of Employer		Dates Worked					
		From			Through		
Payroll Address	Telephone No. ()	Mo.	Day	Yr.	Mo.	Day	Yr.
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