

# Central Pennsylvania Teamsters Pension Fund

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## EMPLOYMENT FORM

1. Name:  
  
Social Security Number:
  
2. Address:
  
  
3. Telephone Number:
  
  
4. Last Employer Covered Under the Central Pennsylvania Teamsters Pension Fund:
  - (a) Name:
  - (b) Address:
  
  
5. Current or Potential Employer:
  - (a) Name:
  - (b) Address:

6. Type of Business in Which Your Current or Potential Employer is Involved:
  
7. The Geographic Area Covered By Your Current or Potential Employer:
  
8. How Many Hours Do You Work or Will You Work Per Month:
  
9. List The Employers For Whom You Worked And A Specific Description Of The Type Of Work Performed, While Covered Under the Central Pennsylvania Teamsters Pension Fund:
  - (a) Did You Need Any Special License Or Training While Covered Under The Central Pennsylvania Teamsters Pension Fund? If Yes, Please Describe:
  
10. A Specific Description Of The Type Of Work You Are OR Will Be Performing In Your Current or Potential Job. If You Contend That You Are Or Will Be A "Supervisor", You Must Provide Specific Information As To Your Duties. (You Must Also Provide Specific Information Concerning The Duties Of The Employees You Supervise):
  
11. Did Your Current or Potential Position Require You to Take Any Training Prior To Assuming Employment? If Yes, Please Describe, Including Any Licenses Needed:

12. What Types Of Duties Or Skills Are Required In Your Current or Potential Job That Were Not Required Or Used While You Were Covered The Central Pennsylvania Teamsters Pension Fund?

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Today's Date

Sworn to me and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public