

Jobs

Starting from _____, please list in **date order** all the jobs you have had and any periods when you were out of work. Please do not leave any gaps between the periods. Please use CAPITAL letters and **continue on a separate sheet of paper if you need to.**

If you have been out of work at any time and claimed Jobseekers Allowance **or** received taxable Incapacity Benefit please tick the appropriate box. If you were not working **and** not getting either of these benefits, please tick the 'Not earning' box.

Date in full <i>for example, 28-06-99</i>		✓ one box only for each period					If you ticked: Employed – enter your employer's full name and address, and Tax reference number (if known) Self-employed – enter your business name and address Jobseekers Allowance or Incapacity Benefit – enter the name of the Benefit Office Not earning – it helps if you can say what you were doing, for example, "abroad" or "in full time education"	Type of job, payroll/works number and branch or site you worked at	Total weekly income (with bonuses and overtime) before stoppages or weekly rate of benefit
From	To	Employed	Self-employed	Jobseekers Allowance	Incapacity Benefit	Not earning			
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <small>Tax reference (if known):</small>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <small>Tax reference (if known):</small>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <small>Tax reference (if known):</small>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <small>Tax reference (if known):</small>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <small>Tax reference (if known):</small>	<input type="text"/>	£ <input type="text"/>

Pensions

Please ✓ if you receive any of the following

- Pension from a previous employer

(Give your tax reference, if known)

- A state retirement pension

- Any other pension

If you tick this box please state the type of pension below

Please complete in all cases

- Date of birth / /

- Is your new job your **only** job? (✓) Yes No

If **no**, give details of the other employment

(Add tax reference if known)

- What is the amount of your weekly or monthly pay for your **current** job? £ Weekly Monthly

- If you agree to us contacting you by phone to discuss any queries, please give a contact number

- Please give your title: Mr Mrs Miss
Ms other

Signature

Date

 / /