

Part II : Employment History

Please provide details of your past and current employment in noisy occupations in Hong Kong (see Appendix of Guidance Notes). Please use supplementary forms if you have been employed by more than one employer.

Name of Employer	<input type="text"/>	
Address & Tel. No. of Employer	<input type="text"/>	
Period of Employment	From <input type="text"/> / <input type="text"/> / <input type="text"/> (day/month/year)	To <input type="text"/> / <input type="text"/> / <input type="text"/> (day/month/year)
Duration	<input type="text"/> years	<input type="text"/> months
Position Held	<input type="text"/>	
Monthly Earnings (current or prior to leaving employment)	\$ <input type="text"/>	
Working Hours	<input type="text"/> days per week ;	<input type="text"/> hours per day
Work Place	<input type="text"/>	
Job Description	<input type="text"/>	

Noisy tools or machines used by the claimant or someone working close to the claimant :

Name of noisy tools/ machines used by the claimant or someone is working close to the claimant.	If the claimant used the tool/machine himself, please indicate the no. of hours per day the claimant used it.	If someone working close to the claimant used the tool/machine, please indicate its distance from the claimant and the number of hours per day it was used close to him.
1.	Claimant used the tool/ machine himself for _____ hours a day.	The tool/machine was used by someone working within _____ meters from the claimant for _____ hours a day.
2.	Claimant used the tool/ machine himself for _____ hours a day.	The tool/machine was used by someone working within _____ meters from the claimant for _____ hours a day.
3.	Claimant used the tool/ machine himself for _____ hours a day.	The tool/machine was used by someone working within _____ meters from the claimant for _____ hours a day.

Type of Noisy Occupation Type (see Appendix of Guidance Notes)

Part II : Employment History (continued)

Information on Colleagues :

Please provide names and other particulars of two colleagues who can confirm your employment.

1. Name	*Mr / Ms	
Position Held		
Address		
Tel. No.	Home	Daytime
2. Name	*Mr / Ms	
Position Held		
Address		
Tel. No.	Home	Daytime

Documentary Evidence of Employment :

If you have documentary evidence to substantiate your employment with this employer, please submit photocopies of these documentary evidence. Please indicate below the types of documents submitted :

() Employment contract

() Wage record

() Tax return issued by employer

() Mandatory Provident Fund record

() Others
(Please specify)

Other remarks about this employment you wish to make :

* Delete whichever is inapplicable
Please ✓ in the appropriate ()

Signature of Claimant _____

Date _____