

**SOUTHERN CALIFORNIA UNITED FOOD & COMMERCIAL WORKERS UNIONS AND  
DRUG EMPLOYERS TRUST FUNDS**

2220 HYPERION AVENUE • LOS ANGELES, CALIFORNIA 90027  
TEL (323) 666-8910 • FAX (323) 913-0484

**EMPLOYMENT QUESTIONNAIRE**

Participant's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Previous Names \_\_\_\_\_  Male or  Female  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Local Union \_\_\_\_\_

Are you working currently?  YES or  NO  FULL-TIME or  PART-TIME

**HISTORY OF YOUR EMPLOYMENT IN RETAIL DRUG STORES IN SOUTHERN CALIFORNIA.**

Fill in the name of each retail drug store where you have ever been employed (or the firm which operated the store), the city in which the retail store is or was located and any periods of time in which you were employed as a manager. Use the back of this page if you need more space.

Name of Employer	City	Job Title (Clerk, Pharmacist, etc.)	Dates of Employment				
			From		To		
			Month	Year	Month	Year	
1.							<b>Present Date</b>
2.							
3.							
4.							
5.							
6.							
7.							

Have you been employed continuously (without a break of 12 consecutive months or more) in Southern California retail drug stores since your first job?  YES or  NO

If your answer to the above question is "NO", fill in the dates you were NOT EMPLOYED in the Southern California Retail Drug Industry under the appropriate reason for the break in your continuous employment.

Reason for Break in Employment	Dates of Breaks in Employment			
	From		To	
	Month	Year	Month	Year
Military Service				
Sickness or Injury				
Worked outside of Southern California				
Worked in another industry or trade				
Maternity Leave				
Managerial Service				
Self-employed				

I certify that the above information is true and accurate to the best of my knowledge.

 Signature \_\_\_\_\_ Date \_\_\_\_\_