



Applicant's Social Security number

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Form 8A (01/19)

**03-8A**

**Section 2 — To be completed by current employer(s)**

1. Name of employer (Full-time employer)

Employer number

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|  |  |  |  |  |
|--|--|--|--|--|

Street / P.O. Box

City, state, zip

Current full-time earnings and all other earnings (PIP, overtime, extra pay, etc.) \$ \_\_\_\_\_

Signature of certifying official

Title

Date signed (mm-dd-yyyy)



2. Name of employer (Dual employer, if applicable)

Employer number

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Street / P.O. Box

City, state, zip

Current full-time earnings and all other earnings (PIP, overtime, extra pay, etc.) \$ \_\_\_\_\_

Signature of certifying official

Title

Date signed (mm-dd-yyyy)

