

4. HAVE YOU EVER HAD AN "OFF THE JOB" INJURY THAT CAUSED YOU TO LOSE TIME FROM WORK? _____ (IF YES GIVE DETAILS)
DATE TYPE OF INJURY LENGTH OF DISABILITY

5. HAVE YOU BEEN TAKING ANY MEDICATION IN THE PAST YEAR? _____ (IF YES GIVE DETAILS)

WHAT: _____ WHO PRESCRIBED: _____ FOR WHAT: _____

6. HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ (IF YES GIVE DETAILS)

WHAT FOR: _____ WHEN: _____ DISPOSITION: _____

7. HAVE YOU EVER HIRED A LAWYER FOR AN INJURY CASE? _____ (IF YES GIVE DETAILS)

WHEN: _____ FOR WHAT _____

WHAT HAPPENED TO THE CASE: _____

8. HAVE YOU EVER HAD OR BEEN TREATED FOR ANY OF THE FOLLOWING (ANSWER YES OR NO- IF YES EXPLAIN IN SPACE #9)

- | | |
|-----------------------------------|---|
| A. ALCOHOL ABUSE _____ | S. NERVOUS DISORDER _____ |
| B. DRUG ABUSE _____ | T. TUBERCULOSIS _____ |
| C. RHEUMATISM _____ | U. KIDNEY TROUBLE _____ |
| D. HEADACHES OF HEAD INJURY _____ | V. LIVER DISEASE _____ |
| E. ARTHRITIS _____ | W. HERNIA _____ |
| F. EPILEPSY _____ | X. ULCER _____ |
| G. BLURRED VISION _____ | Y. DIABETES _____ |
| H. BACK PAIN OR INJURY _____ | Z. ASTHMA _____ |
| I. EYE DISEASE OR INJURY _____ | AA. HIGH BLOOD PRESSURE _____ |
| J. LEG PAINS OR INJURY _____ | BB. OVERWEIGHT _____ |
| K. SHOULDER PAIN OR INJURY _____ | CC. SCOLIOSIS _____ |
| L. HEART TROUBLE _____ | DD. CHEST PAIN OR INJURY _____ |
| M. MENTAL ILLNESS _____ | EE. AIDS _____ |
| N. KNEE INJURY OR PAIN _____ | FF. ANKLE INJURY OR PAIN _____ |
| O. WRIST INJURY OR PAIN _____ | GG. STOMACH OR INTESTINAL TROUBLE _____ |
| P. INABILITY TO SWALLOW _____ | HH. EAR OR HEARING PROBLEMS _____ |
| Q. NUMBNESS IN ARM OR LEGS _____ | II. FRACTURED BONES _____ |
| R. CANCER _____ | JJ. OTHER _____ |

9. IF ANY SPACE IN QUESTION # 8 ARE MARKED "YES," PLEASE EXPLAIN BELOW:

I REALIZE THAT I AM APPLYING FOR EMPLOYMENT BY THE INDIVIDUAL VESSEL CORPORATION AND THAT COMPANY IS RELYING UPON THE FOREGOING IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT AND I CERTIFY THAT MY ANSWERS ARE TRUE.

SIGNATURE

DATE

WITNESS

DATE

FOR OFFICE USE ONLY

MARINE INDEX BUREAU: _____

PREVIOUS EMPLOYERS: _____

