

# SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN

1820 E. Sahara Avenue, Suite 314

Las Vegas, Nevada 89104

(702) 369-0000

## EMPLOYEE STATUS - WORK HISTORY

To receive your personal pension information complete all of the following items, sign, date, and return this form to the Pension Office at the above address. **PRINT OR TYPE ALL INFORMATION.**

### **A. PERSONAL DATA:**

*If you have worked under other names please list names and dates of name changes.*

Participant  
Name:

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

Social Security Number: \_\_\_\_\_

**(ATTACH COPY OF YOUR SOCIAL SECURITY CARD)**

Mailing  
Address:

\_\_\_\_\_ Number & Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Telephone:

\_\_\_\_\_ (Area Code)

\_\_\_\_\_ Number

Union:

Culinary Local 226

Bartenders Local 165

Date of Birth: \_\_\_\_\_

Male

Female

Never Married

Married

Divorced

Widowed

Other \_\_\_\_\_

If married, list spouse's name and date of birth.

Spouse Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **B. EMPLOYMENT HISTORY:**

Employer Name & Address

Job Classification

Dates of Employment

From

To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

*Please indicate if you are still employed.*

### **C. PARTICIPANT'S SIGNATURE:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_