



EMPLOYMENT QUESTIONNAIRE

| | | |
|--|------------------------------------|--|
| | STATION ADDRESS | 1. DATE MAILED |
| | NAME AND ADDRESS OF VETERAN | 2. FILE NUMBER |
| | | 3. WERE YOU EMPLOYED BY VA, OTHERS OR SELF-EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS? <i>(If "Yes," complete Section I only, if "No," complete Section II only)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO |

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine continued eligibility to compensation at the 100 percent rate based on individual unemployability (38 CFR 4.16). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

INSTRUCTIONS

You are receiving compensation at the 100 percent rate based on being unable to secure or follow a substantially gainful occupation as a result of your service-connected disabilities. If you were self-employed or employed by others, including the Department of Veterans Affairs, at any time during the past 12 months, complete Section I of this form. If you have not been employed during the past 12 months, complete Section II of this form.

You must complete the required items fully and accurately and return the form to the VA office shown above within 60 days. If you do not return the form within 60 days, your benefits may be reduced.

SECTION I - EMPLOYMENT CERTIFICATION (List all employment for the past twelve months)

| 4A. NAME AND ADDRESS OF EMPLOYER (If self-employed, write "self") | 4B. TYPE OF WORK | 4C. HOURS PER WEEK | 4D. DATES OF EMPLOYMENT OR SELF-EMPLOYMENT | | 4E. TIME LOST FROM ILLNESS | 4F. HIGHEST GROSS EARNINGS PER MONTH |
|--|------------------|--------------------|--|----|----------------------------|--------------------------------------|
| | | | FROM | TO | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

I CERTIFY THAT the statements made in this form are true and complete to the best of my knowledge and belief.

I UNDERSTAND THAT my continued entitlement to VA unemployability compensation benefits will be based on information that I have furnished on this form or that I hereafter may be required to furnish VA.

| | | | | |
|-----------------|--------------------------|--|--|------------|
| 5A. DATE SIGNED | 5B. SIGNATURE OF VETERAN | 5C. ADDRESS <i>(If different than above)</i> | 5D. TELEPHONE NUMBER(S) <i>(Include Area Code)</i> | |
| | | | A. DAYTIME | B. EVENING |

SECTION II - UNEMPLOYMENT CERTIFICATION (Complete this section if you did NOT work during the past 12 months)

I CERTIFY THAT I have not been employed by VA, others or self-employed during the past twelve months.

I FURTHER CERTIFY THAT the items completed on this form are true and correct to the best of my knowledge and belief. I believe that my service-connected disability(ies) has not improved and continues to prevent me from securing or following gainful employment.

| | | | | |
|-----------------|--------------------------|--|--|------------|
| 6A. DATE SIGNED | 6B. SIGNATURE OF VETERAN | 6C. ADDRESS <i>(If different than above)</i> | 6D. TELEPHONE NUMBER(S) <i>(Include Area Code)</i> | |
| | | | A. DAYTIME | B. EVENING |

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for fraudulent acceptance of any payment to which you are not entitled.