OMB Approved No. 2900-0079 Respondent Burden: 5 minutes Expiration Date: X/XX/XXXX

						Expiration Date.	11/11/11/11/11/11		
Department of Veterans Affairs						VA DATE STAMP (DO NOT WRITE IN THIS SPACE)			
EMPLOYMENT QUESTIONNAIRE									
INSTRUCTIONS: You are receiving compensation at the 10 substantially gainful occupation as a result of your service-cor by others, including the Department of Veterans Affairs, at an form. If you have not been employed during the past 12 mont	nnected disabiling time during t	ities. If you were the past 12 month	e self-employed ns, complete Sec	or employed					
	DATE	MAILED							
			STATION ADDRESS						
SECTIO	N I-VETERAN	N'S IDENTIFICA	ATION INFOR	MATION					
NOTE: You can either complete the form online or by ha	and. Please pr	rint the informat	ion required in	ink, neatly, an	d legibly to help	process the fo	orm.		
1. NAME OF VETERAN (First, Middle Initial, Last,	)								
2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER 4			4. DATE	4. DATE OF BIRTH (MM/DD/YYYY)					
						<b>-</b>			
5. VETERAN'S SERVICE NUMBER (If applicable)	6. E-MAI	IL ADDRESS	(Optional)						
7. PRIMARY TELEPHONE NUMBER (Include Are	EPHONE NU	IMBER (Include	e Area Code,	)					
9. COMPLETE ADDRESS OF VETERAN OR CLA No. & Street Apt./Unit Number City	AIMANT (Nu	ımber and stree	et or rural rou	te, P. O. Box,	City, State, ZIP	Code and Co	ountry)		
State/Province Country	ZIP Code/	/Postal Code		_					
10. WERE YOU EMPLOYED BY VA, OTHERS O complete Section II only, if "No," complete Section III o	R SELF EM only)	IPLOYED AT	ANY TIME D	OURING THE	PAST 12 MOI	NTHS? (If "	Yes,"		
Si		MPLOYMENT C		ON					
	List all empl	loyment for the p							
11A. NAME AND ADDRESS OF EMPLOYER (If self-employed, write "self")		11B. TYPE OF WORK	11C. HOURS PER WEEK	OR SELF-EI	F EMPLOYMENT MPLOYMENT	11E. TIME LOST FROM ILLNESS	11F. HIGHEST GROSS EARNINGS PER MONTH		
				FROM	TO				

SECTION II-EN	IPLOYMENT CERT	IFICATION (C	ontinued)						
11A. NAME AND ADDRESS OF EMPLOYER (If self-employed, write "self")	11B. TYPE OF WORK	11C. HOURS PER WEEK		F EMPLOYMENT	11E. TIME LOST FROM ILLNESS	11F. HIGHES GROSS EARNINGS PER MONTH			
			FROM	то					
I CERTIFY THAT the statements made in this form are true	and complete to the	e best of my k	nowledge and	belief.					
I UNDERSTAND THAT my continued entitlement to VA u on this form or that I hereafter may be required to furnish VA		npensation ben	efits will be ba	sed on informat	ion that I hav	ve furnished			
12A. SIGNATURE OF VETERAN (REQUIRED)	12B. DATE SIGNED (MM/DD/YYYY)								
SECTION I	II-UNEMPLOYEME	NT CERTIFICA	ATION						
Complete this secti	on if you did NOT we	ork during the p	ast 12 months						
I CERTIFY THAT I have not been employed by VA, others	or self-employed of	luring the past	twelve months						
I FURTHER CERTIFY THAT the items completed on this service-connected disability(ies) has not improved and contin						nat my			
13A. SIGNATURE OF VETERAN (REQUIRED)	13B. DATE SIGNED (MM/DD/YYYY)								
PENALTY: The law provides severe penalties which include fine or knowing it to be false, or for fraudulent acceptance of any payment to			submission of an	y statement or evi	dence of a ma	iterial fact,			
PRIVACY ACT NOTICE: VA will not disclose information collection 38, Code of Federal Regulations 1.576 for routine uses (i.e., civithe collection of money owed to the United States, litigation in which	l or criminal law enfo	rcement, congre	ssional commun	ications, epidemio	logical or rese	earch studies,			

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.