## CA-1032 Part A - Employment



UNITED STATES DEPARTMENT OF LABOR ECOMP

HOME / 1032

## CA-1032

Employment

Volunteer Work Dependents OPM Benefits Social Security Administration Benefits VA Benefits Other Federal Benefits or Payments Third Party Settlement Fraud Offenses Corrections Review Certifications

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MY DASHBOARD NEW CLAIM USER NAME

### EMPLOYMENT

File Number: 4567874 OMB Number: 3440-099-098

Read this section completely before answering the questions below and on the next page. Report ALL employment for which you received a salary, wages, income, sales commissions, piecework, or payment of any kind. Such employment includes service with the military forces of the United States, including the National Guard, Reserve component, or other affiliates. Please note that you must report any employment held at the time of injury if you have worked at that employment during any period covered by this form.

Report ALL self-employment or involvement in business enterprises. These include but are not limited to: farming; sales work; operating a business, including a store or a restaurant; any online work/business; and providing services in exchange for money, goods, or other services. The kinds of services which you must report include such activities as carpentry, mechanical work, painting, contracting, child care, odd jobs, etc. Report activities such as keeping books and records, or managing and/or overseeing a business of any kind, including a family business. Even if your activities were part-time or intermittent, you must report them.

Report as your "rate of pay" what you were paid. Include the value of such things as housing, meals, clothing, and reimbursed expenses, if they were received as part of your employment.

Report ANY work or ownership interest in any business enterprise, even if the business lost money or if profits or income were reinvested or paid to others. If you performed any duties in any business enterprise for which you were not paid, you must show as "rate of pay" what it would have cost the employer or organization to hire someone to perform the work or duties you did, even if your work was for yourself or a family member or relative. You need not list ownership or passive investment in any publicly traded businesses. You need not list stocks or bank accounts.

If you have questions about whether something is material or relevant and should be included, please list that information. Under 5 U.S.C. 8106 (b), an employee who fails to make a report when required or knowingly omits or understates earnings for the period covered by the form forfeits the right to compensation for the period covered by this form.

CRIMINAL, CIVIL AND ADMINISTRATIVE PENALTIES MAY BE APPLIED FOR FAILURE TO REPORT ALL WORK ACTIVITIES THOROUGHLY AND COMPLETELY 1.

UNITED STATES DEPARTMENT OF LABOR NEW CLAIM DOCUMENTS HELP MY DASHBOARD ECOMP HOME / 1032 EMPLOYMENT CA-1032 File Number: 4567874 OMB Number: 3440-099-098 Employment Did you work for any employer during the past 15 months? Volunteer Work 🔵 Yes Dependents O No OPM Benefits < Social Security Administration Benefits NEXT VA Benefits Autosaved 😡 Other Federal Benefits or Payments Third Party Settlement Fraud Offenses Corrections

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Did you work for any employer during the past 15 months?



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MY DASHBOARD

File Number: 4567874 OMB Number: 3440-099-098 For each employer state: EMPLOYER 1 Current Employer Start Date of Employment: End Date of Employment: ⊟ 00/00/0000 CO/00/0000 Description of Work Done: Rate of Pay: O /HR O /WK O /MD s Actual Earnings : \$ Name of Employer: Street Address: City:

State:	Zip Code:		
\$			
Country:			
			÷
+ADD ANO	THER EMPLOYER		
<		NEXT	

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UNITED STATES DEPARTMENT OF LABOR

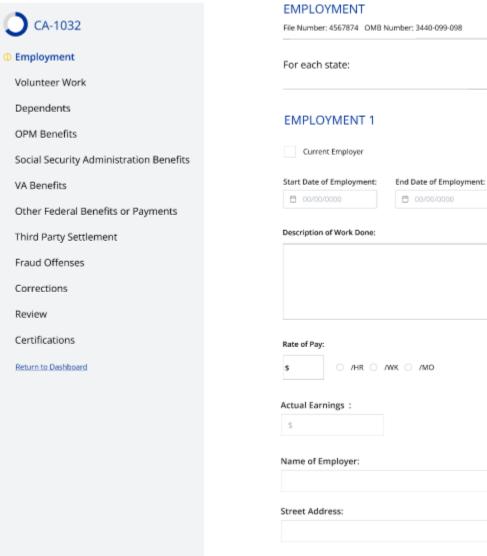
MY DASHBOARD NEW CLAIM DOCUMENTS

HELP USER NAME

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City:



## 3.

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Country:	State:	Zip Code:		
+ADD ANOTHER EMPLOYER	Country:			
	+ADD ANOT	HER EMPLOYER		
< NEXT	<		NEXT	

File Number: 4567874	OMB Number: 3440-099-098

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MY DASHBOARD

EMPLOYMENT

Were you unemployed for all periods during the past 15 months?

Ves
No
No
NEXT

