

DISQUALIFYING EMPLOYMENT QUESTIONNAIRE

Name: _____

Address: _____

UBC Number: _____

Employer Name: _____

Employer Address: _____

Employer Phone: _____

Job Title: _____

Job Duties: _____

Period of Employment: From _____ To _____

Hours Worked Per Month: _____ (Please provide accompanying
pay stubs for all periods of employment.)

I certify that the above information is true and correct:

Sign Here