WHITE MOUNTAIN APACHE TRIBE
PERSONNEL DEPARTMENT
DIVISION OF HUMAN RESOURCES
P.O. BOX 1960
WHITERIVER, ARIZONA 85941

8. EMPLOYER'S NAME

9. OFFICE ADDRESS

EMPLOYEE

1. LAST NAME | FIRE NAME | MI

2. SOCIAL SECURITY NUMBER | 3. BIRTHDATE

4. HOME ADDRESS (NUMBER & STREET/MAILING)

CITY | STATE | ZIP CODE

5. MARITAL STATUS
[ ] SINGLE [ ] MARRIED [ ] DIVORCED [ ] WIDOWED

6. SEX
[ ] MALE [ ] FEMALE

7. (AREA CODE) TELEPHONE

10. (AREA CODE) TELEPHONE | 11. POLICY NO. | 12. NATURE OF BUSINESS (MFG. ETC.)

7A. HIRE LOCATION
CITY | STATE

ACCIDENT

13. DATE OF INJURY / /
14. HOUR OF INJURY
15. DATE EMPLOYER NOTIFIED OF INJURY / /
16. LAST DAY OF WORK AFTER INJURY / /
17. DATE OF RETURN TO WORK / /

18. EMPLOYEE'S OCCUPATION (JOB TITLE) WHEN INJURED | 19. CLASS CODE ON PAYROLL REPORT. | 20. EMPLOYEE'S ASSIGNEDEPT. | 21. DEPT. SUB CODE | DEPT. NO.

22. ADDRESS OR LOCATION OF ACCIDENT | CITY | COUNTY | STATE | ZIP CODE

23. ON EMPLOYER PREMISES?
[ ] YES [ ] NO

24. NATURE OF INJURY (SCRATCH, CUT, BRUISE, ETC.) | FATAL?
[ ] YES [ ] NO

25. PART OF BODY INJURED | SIDE INJURED
[ ] RT [ ] LT [ ] BOTH

26. ATTENDING PHYSICIAN, IF KNOWN (NAME) | ADDRESS (STREET, CITY, STATE & ZIP CODE) | (AREA CODE) TELEPHONE

27. IF HOSPITALIZED, HOSPITAL NAME | ADDRESS (STREET, CITY, STATE & ZIP CODE)

28. IF VALIDITY OF CLAIM IS DOUBTED, STATE REASON

29. WAS WORKER IN YOUR EMPLOY WHEN INURED?
[ ] YES [ ] NO

CAUSE OF ACCIDENT

30. HOW DID ACCIDENT HAPPEN (STATE ALL DETAILS: USE OTHER SIDE IF NEEDED)

31. SPECIFY MACHINE, TOOL, SUBSTANCE, OR OBJECT MOST CLOSELY CONNECTED WITH ACCIDENT.

32. WHAT WAS EMPLOYEE DOING WHEN ACCIDENT OCCURRED (LOADING TRUCK, WALKING DOWN STAIRS, ETC.)?

33. IF ANOTHER PERSON NOT IN COMPANY EMPLOY CAUSED THE ACCIDENT, GIVE NAME AND ADDRESS

IMPORTANT

WAGE DATA

34. DATE OF LAST HIRE / /

35. GIVE EMPLOYEE'S WAGE STATUS AS APPLICABLE
$ PER HRS [ ] DAY [ ] WK [ ] MO [ ]

36. WAS EMPLOYEE PAID FOR DATE OF INJURY?
[ ] YES [ ] NO IF YES, $ AMOUNT

37. WAS EMPLOYEE HIRED FOR PERMANENT EMPLOYMENT?
[ ] YES [ ] NO

38. NUMBER OF DAYS PER WEEK
EMPLOYEE USUALLY WORKED | EMPLOYEE USUALLY WORKS

39. HOURS PER DAY EMPLOYEE WORKED
FROM A.M. [ ] P.M. [ ] THRU A.M. [ ] P.M. [ ]

40. DOES EMPLOYEE OWN PART OR ALL OF BUSINESS
[ ] YES [ ] NO

41. NUMBER OF MONTHS EMPLOYMENT AVAILABLE DURING THE YEAR

42. WAS EMPLOYEE ON OVERTIME WHEN INJURED?
[ ] YES [ ] NO

43. IF EMPLOYEE EARNS EXTRA PAY FOR OVERTIME, WHAT IS BASIS OF PAYMENT?
PER HOUR OVER HOURS

AUTHORIZED SIGNATURE

DATE | AUTHORIZED SIGNATURE | TITLE