

Work History

1. Please list all jobs you have had in the past, starting with the job you have now and moving back in time to your first job. (For more space, write on the back of this page.)

Main Job Duty	Years	Company Name City, State	Chemicals
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

2. Please describe what you do during a typical work day. Be sure to tell about you work with BD

3. Please check any of these chemicals that you work with now or have worked with in the past:

benzene _____

glues _____

toluene _____

inks, dyes _____

other solvents, grease cutters _____

insecticides (like DDT, lindane, etc.) _____

paints, varnishes, thinners, strippers _____

dusts _____

carbon tetrachloride ("carbon tet") _____