



CONSTRUCTION RECRUITERS AMERICA INC.

NEW HIRE INSURANCE QUESTIONNAIRE

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Previous Worker's Compensation Injury?

If NO, print name, sign and date at bottom of this Form. If YES, please complete Form, print name, sign and date at bottom of this Form.

Length of time at this job prior to Injury _____

Please explain what you were doing when accident occurred (lifting, bending, walking, carrying, standing, etc.) and how you were hurt

Date of Injury: _____ Time of Injury: _____

State: _____ City: _____

Employer's Business Name at time of accident

Have you lost time from work as a result of this injury? If yes, please explain

Your Name: _____

Signature: _____ Date: _____