

VOCATIONAL HISTORY

Tennessee Consolidated Retirement System
502 Deaderick Street
Nashville, Tennessee 37243-0201
1-800-770-8277 ♦ treasury.tn.gov/tcrs



Please complete and sign this form to authorize the Tennessee Consolidated Retirement System to evaluate your vocational history.

SECTION 1. MEMBER INFORMATION

Member ID	Last 4 SSN XXX-XX-	Date of Birth
Full Name	Age	
Mailing Address		
City	State	Zip Code
Email	Phone Number	
Highest Grade Completed in School		
Additional Training or Education (<i>brief description</i>)		
Type of Work Performed for the Greatest Length of Time		
Name of Employer		
Title of Position	Year Started	Year Ended
Length of Time to Learn Job		
Types of Machines Operated		
Manual Labor Involved (<i>describe in terms of objects lifted or carried and weight</i>)		
Did You Supervise Other Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
In Your Words, Describe Your Work During a Typical Day		
List and Briefly Describe Any Other Jobs You Have Had in the Past 15 Years		
Member's Signature		Date