Departm	nent of Veterans Affairs	E	EMPLOYMENT QUESTIONNAIRE						
				N	DATE M	IAILED			
				2.	FILE NU	JMBER			
			NAME AND ADDRES OF VETER	3. SS	SELF-E PAST 1 only, if	YOU EMPLOYED MPLOYED AT AN 2 MONTHS? (ff' 5"No," complete S ES NO	IY TIME DURI 'Yes," complet	NG THE te Section I	
 38, Code of Federal I collection of money of benefits, verification and Vocational Reha requested informatio U.S.C. 5701). Inform Respondent Burden: 4.16). Title 38, Uniti information, and con to respond to a collection 	VA will not disclose information collect Regulations 1.576 for routine uses (i.e., c owed to the United States, litigation in w of identity and status, and personnel adn bilitation and Employment Records - VA n is considered relevant and necessary to nation submitted is subject to verification We need this information to determine of ed States Code, allows us to ask for this in uplete this form. VA cannot conduct or s totion of information if this number is not blic/do/PRAMain. If desired, you can ca	ivil or criminal law enforcem hich the United States is a pa hinistration) as identified in the published in the Federal Re determine maximum benefit a through computer matching continued eligibility to compend nformation. We estimate that ponsor a collection of inform displayed. Valid OMB contri	ent, congression rty or has an inte ne VA system of egister. Your obl s under the law. programs with o ensation at the 10 t you will need a tation unless a va rol numbers can b	al comm rest, the records, igation to The resp ther agen 0 percen n averag lid OME be located	unicatio administ 58VA2 o respon oonses yo ncies. t rate ba e of 5 m B control d on the	ns, epidemiologic ration of VA pro- l/22/28, Compens d is required to of ou submit are con sed on individual inutes to review t number is displa OMB Internet Pa	al or research grams and del sation, Pension btain or retain sidered confic unemployabi he instruction yed. You are ge at	studies, the ivery of VA n, Education, benefits. The lential (38 lity (38 CFR s, find the not required	
							o uo o ur uno re		
service-connected dis compete Section I of You must complete t	mpensation at the 100 percent rate based sabilities. If you were self-employed or this form. If you have not been employe he required items fully and accurately an	on being unable to secure or employed by others, including ed during the past 12 months,	follow a substan g the Department complete Sectio	of Vete n II of th	rans Aff is form.	airs, at any time d	luring the past		
days, your benefits m	SECTION I - EMPLOYMEN	IT CERTIFICATION (List a	all employment	for the r	ast twe	lve months)			
	E AND ADDRESS OF EMPLOYER self-employed, write "self")	4B. TYPE OF WORK	4C. HOURS PER WEEK	4D. D	D. DATES OF EMPLOYMENT		4E. TIME	4F. HIGHEST GROSS EARNINGS	
				FR	OM	то	ILLNESS	PER MONTH	
I CERTIFY THAT th	ne statements made in this form are true a	and complete to the best of m	y knowledge and	l belief.		•	·	•	
	HAT my continued entitlement to VA un be required to furnish VA.	employability compensation	benefits will be b	based on	informa	tion that I have fu	urnished on th	is form or	
•	5B. SIGNATURE OF VETERAN	5C. ADDRESS (If a	5D. T	D. TELEPHONE NUMBER(S) (Include Area Code)					
						A. DAYTIME B. EVENING			
SEG	CTION II - UNEMPLOYMENT CERTI	FICATION (Complete this	section if you d	id NOT	work dı	uring the past 12	2 months)		
	have not been employed by VA, others of	· · · · ·					,		
	FY THAT the items completed on this for t improved and continues to prevent me				nd belief	. I believe that m	y service-con	nected	
	6B. SIGNATURE OF VETERAN		6C. ADDRESS (<i>If different than above</i>)			6D. TELEPHONE NUMBER(S) (Include Area Code)			
		(-) -				A. DAYTIME B. EVENING			
PENALTY: The law knowing it to be false	provides severe penalties which include e, or for fraudulent acceptance of any pay	fine or imprisonment, or both ment to which you are not en	n, for the willful ntitled.	submissi	on of an	y statement or ev	idence of a ma	aterial fact,	
VA FORM 21_11	10.4	EXISTING STOCKS OF V	A FORM 21-414)-1, JAN	2005,				