

## EMPLOYMENT HISTORY

EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATES: \_\_\_\_\_ TO: \_\_\_\_\_

Describe source of noise: \_\_\_\_\_

\_\_\_\_\_

Number of hours of exposure per day: \_\_\_\_\_

Any safety devices used to protect against noise exposure? \_\_\_\_\_ Were they provided? \_\_\_\_\_

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SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_