

Please tell us about the occupations you have had during your lifetime, or the industries in which you have worked. Circle YES or NO for each listed. (You may have had more than one job or occupation at the same time.) If YES, please tell us the total number of years that you worked in that occupation or industry. If you are not certain of the exact number, just give us your best guess.

Occupation or Industry		If Yes, Total Years
Homemaker	YES NO	
Dairy Farming	YES NO	
Animal Farming (pig, chicken, etc )	YES NO	
Vegetable or Crop Farming	YES NO	
Orchard Grower	YES NO	
Gardener	YES NO	
Landscape	YES NO	
Pesticide Applicator	YES NO	
Crop Duster	YES NO	
Exterminator	YES NO	
Forestry/Logging	YES NO	
Welder	YES NO	
Steel Worker	YES NO	
Foundry Worker	YES NO	
Battery Worker	YES NO	
Ceramic or Pottery Worker	YES NO	
Glass Blower	YES NO	
Miner ( Type: )	YES NO	
Insulator	YES NO	
Metal Smelting (Type: )	YES NO	
Coal Plant Worker/ Burner	YES NO	
Aerospace Assembly Line	YES NO	
Auto Body Painter	YES NO	

<b>House Painter</b>	<b>YES</b>	<b>NO</b>	<b>Total Years</b>
<b>Commercial Artist</b>	YES	NO	
<b>Chemist/Chemical Technician</b>	YES	NO	
<b>Biologist/Technician</b>	YES	NO	
<b>Chemical Plant Worker</b>	YES	NO	
<b>Nuclear Plant Worker</b>	YES	NO	
<b>Auto or Truck Mechanic</b>	YES	NO	
<b>Railroad Repairman</b>	YES	NO	
<b>Fuel Oil Dealer or Worker</b>	YES	NO	
<b>Paper or Pulp Mill Worker</b>	YES	NO	
<b>Sawmill Worker</b>	YES	NO	
<b>Boat Building</b>	YES	NO	
<b>Furniture Maker/Finisher</b>	YES	NO	
<b>Printer</b>	YES	NO	
<b>Engraver</b>	YES	NO	
<b>Lithographer</b>	YES	NO	
<b>Jewelry Maker</b>	YES	NO	
<b>Electroplater</b>	YES	NO	
<b>Medical/Scientific Instrument Maker</b>	YES	NO	
<b>Brazier or Solderer (Type of metal: _____)</b>	YES	NO	
<b>Dentist/Dental Assistant</b>	YES	NO	
<b>Doctor</b>	YES	NO	
<b>Nurse</b>	YES	NO	
<b>Physician's Assistant</b>	YES	NO	
<b>Teacher (Type: _____)</b>	YES	NO	
<b>Other Occupation (Type: _____)</b>	YES	NO	