

Employment History

U.S. DEPARTMENT OF LABOR

Office Of Workers' Compensation Programs
 Division Of Coal Mine Workers' Compensation



NOTE: Persons are not required to respond to this collection of information unless it displays currently valid OMB control Number.
 Please complete as accurately as possible the miner's **COMPLETE** employment history including both coal mine and non-coal mine work. This report is authorized by law (30 U.S.C. 901 et. seq.) and required to obtain a benefit. While you are not required to respond, your cooperation is needed to ensure that full and proper consideration is given to this claim. Disclosure of the social security number is voluntary. Failure to disclose such number will not result in the denial of any right, privilege, or benefit to which you may be entitled.

OMB No. 1240-0038
 Expires: 04/30/2025

Miner's Name _____	Miner's Social Security Number CLAIM NO.: _____ CASE ID: _____
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LIST ALL COAL MINE AND NON-COAL MINE EMPLOYMENT. START WITH MOST RECENT FIRST.

1. Name and Address of Employer (City and State) Name and Address of Mine Site (City and State)	2. Type of Industry. (Indicate if coal mining, extraction or preparation of coal, coal mine construction, or transportation in or around a coal mine, steel, manufacturing or other.)	3. Occupation (Specify type of work; if mining, specify underground or strip mining)	4. Period of Employment From: (mm/yyyy) To: (mm/yyyy)	5. Exposure to dust, gases, or fumes?
_____ _____	_____	_____	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Mine Site (City and State): _____				
_____ _____	_____	_____	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Mine Site (City and State): _____				
_____ _____	_____	_____	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Mine Site (City and State): _____				
_____ _____	_____	_____	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name and Address of Mine Site (City and State): _____				
_____ _____	_____	_____	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Mine Site (City and State): _____				
_____ _____	_____	_____	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Mine Site (City and State): _____				

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_____ _____	_____	_____	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Mine Site (City and State): _____				
_____	_____	_____	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF ADDITIONAL ROOM IS NEEDED, PLEASE ATTACH A SEPARATE SHEET.

I hereby certify that the information given by me on and in connection with this form is true and correct to the best of my knowledge and belief. I am also fully aware that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining any benefit or payment under this title shall be guilty of a misdemeanor under 30 USC 941 and, on conviction, subject to a fine of not more than \$1,000, or by imprisonment for not more than one year, or both.

6. Signature of claimant (<i>First, middle, last</i>)	7. Date (<i>Month, day, year</i>) _____	
8. Mailing Address (<i>Number, Street, Apt. No., P.O. Box or Rural Route</i>)	9. City and State	
10. Zip Code	11. County Where You Live	12. Telephone Number (<i>Include Area Code</i>)
13. Email Address of Claimant		

Witnesses are required only if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full address.

Signature of witness	Signature of witness
Address (<i>Number, Street, City, State & Zip Code</i>)	Address (<i>Number, Street, City, State & Zip Code</i>)

PRIVACY ACT NOTICE

The following statement is made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). (1) Submission of this report is required under the Black Lung Benefits Act. (2) The information will be used to determine eligibility for benefits payable under the Act. (3) The information you furnish on this form may be used by other Government agencies or persons in handling matters relating, directly or indirectly, to the subject matter of the claim including potentially liable coal mine operators and their insurance carriers; contractors providing automated data processing services to the Department of Labor; representatives of the parties to the claim; and federal, state or local agencies in obtaining information about eligibility for benefits. (4) Furnishing all requested information will facilitate the claims adjudication process; and the effects of not providing all or any part of the requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits. Disclosure of your Social Security number is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled. (5) This information is included in a System of Records, DOL/OWCP-2, published at 81 Federal Register 25765, 25858 (April 29, 2016) or as updated and republished.

PUBLIC BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Coal Mine Workers' Compensation, Room N-3464, 200 Constitution Avenue, N. W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE

Notice

If you have a substantially limiting physical or mental impairment, Federal disability nondiscrimination law gives you the right to receive help from OWCP in the form of communication assistance, accommodation and modification to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to account for the limitations of your disability. Please contact our office or the claims examiner to ask for assistance.

TWO FILING OPTIONS:

1. To file electronically, submit completed form and accompanying documentation to the C.O.A.L. Mine Portal: https://eclaimant.dol.gov/portal/?program_name=BL
2. To file by mail, use the enclosed envelope to submit completed form and accompanying documentation to:
U.S. Department of Labor OWCP/DCMWC
Central Mail Room
PO Box 8307
London, KY 40742-8307

**GUIDE TO COMPLETING FORM CM-911a
EMPLOYMENT HISTORY
(Supplement To CM-911 and CM-912, Claim for Benefits Forms)**

The following instructions will help you complete form CM-911a, Employment History.

Please begin by filling in the Miner's Name and Social Security Number at the top of the form. Then fill in columns 1 through 5 following the instructions below.

It is VERY important that you provide, to the best of your recollection, the miner's **complete** employment history. **Be sure to include the miner's non-coal mine work** as well as coal mine work. We will use this information in determining whether a specific coal mining company is responsible for paying benefits on your claim if it is approved.

Column 1: Name and Address of Employer

List all of the miner's employers throughout his or her career. For each employer, provide its full name and address, including the city and state. **Be sure to list each separate mine site. If the miner worked at different mines for the same employer, each site should be listed.**

Column 2: Type of Industry

For each employer listed in Column 1, list the employer's type of industry or business. If the employer is/was a coal mine operator or in a business related to coal mining, list the specific type(s) of work the employer engaged in. If the employer's business involves/involved coal extraction, please specify the type of mine(s) (strip, underground, or both). *Examples:* coal extraction - strip mine; coal extraction - underground mine; coal preparation; coal mine construction; coal transportation; coal mine supplier.

Column 3: Occupation

List the job(s) the miner performed for each employer listed in Column 1. If the miner performed more than one job for the same employer, list each job and the beginning and ending dates (month and year) the miner performed it in Column 4. *Examples:* coal loader, miner's helper, blaster, roof bolter, general inside laborer, truck driver, mine inspector, welder, etc.

Column 4: Period of Employment

Enter the month and year when the miner's employment began and the month and year when the miner's employment ended with each employer listed in Column 1. If the miner performed more than one type of job for a particular employer, please list the beginning and ending dates (month and year) of each job.

Column 5: Exposure to dust, gases or fumes

For each employer, including non-coal mine employers, enter "yes" if the miner was exposed to dust, gases or fumes at any time during such employment, and indicate the type of exposure. If the miner was not exposed to dust, gases or fumes, enter "no."

After completing the columns, please:

- sign and date the form (blocks 6 and 7)
- insert your mailing address (blocks 8 - 10)
- list the county where you live (block 11)
- provide your telephone number, starting with the area code (block 12)

(If the form is signed by mark (X), two people who know the claimant also must witness the signing.)

If you have any questions about the Employment History form or how to complete it, we are here to assist you. Please contact your local Office of Workers' Compensation Programs, Division of Coal Mine Workers' Compensation district office.