



# INLAND VACATION APPLICATION

Date of application \_\_\_\_\_  
(month) (day) (year)

Port of application \_\_\_\_\_

Social Security No. 

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Name \_\_\_\_\_  
(last) (first) (middle)

Permanent Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
For Mail (street) (area) (phone)

(city, state, zip)

Book Number \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of tax exemptions claimed \_\_\_\_\_ N.Y. State resident Yes  No

(Do Not Write In Gray Area)

MONTH	YEAR	EMPLOYER	RATING	NO. DAYS WORKED
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
Total Number of Days Worked *Must be 75 or over				

**NOTE:** EMPLOYMENT MUST BE LISTED ON A MONTH BY MONTH BASIS.  
IF ADDITIONAL LINES ARE REQUIRED USE OTHER SIDE.

Verified by: \_\_\_\_\_  
(Before Signing, See Other Side) Union Representative

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

