



**PREFERRED WORKER  
REGISTRATION**  
RETURN TO WORK DIVISION  
SFN 53235 (10/2017)

1600 E Century Ave, Ste 1  
PO Box 5585  
Bismarck ND 58506-5585  
**Telephone 800-777-5033**  
Toll Free Fax 888-786-8695  
TTY (hearing impaired) 800-366-6888  
Fraud and Safety Hotline 800-243-3331  
www.workforcesafety.com

<b>SECTION 1 – Injured worker’s information</b>		
Claim number	Injured worker’s (First name)	(Last name)
Address		
City	State	ZIP code
Telephone number	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SECTION 2 – Preferred worker recommendations and expectations</b>		
<p>To be successful in your work search and employment, the following is recommended:</p> <ul style="list-style-type: none"> <li>• Have an up-to-date resume</li> <li>• Set daily and weekly goals based on good faith work search</li> <li>• Register at nearest Job Service and maintain weekly contact</li> <li>• Attend job fairs</li> <li>• Attend a Job Seeking Skills Workshop (visit <a href="http://www.workforcesafety.com/calendar">www.workforcesafety.com/calendar</a>)</li> <li>• Be available for full-time work search, 6-8 hours per day, 5 days per week or according to level of release</li> <li>• Understand your physical capabilities when applying for positions</li> <li>• Make sure you are qualified for the jobs for which you apply</li> <li>• Immediate follow-up on job leads</li> <li>• Keep legible daily logs of activities (documentation should include employer contacts, names, dates, and results)</li> <li>• Submit an Employment Contact Log on a weekly basis (visit <a href="http://www.workforcesafety.com/workers/forms">www.workforcesafety.com/workers/forms</a>)</li> <li>• Review the preferred worker benefits and be prepared to explain the value of the program to a potential employer</li> <li>• Be prepared, proactive, persistent, and organized</li> </ul>		
<p>Once employed, the preferred worker is expected to:</p> <ul style="list-style-type: none"> <li>• abide by the terms of the employer’s business practices, policies, and agreements</li> <li>• perform work within restrictions as outlined by the medical provider</li> <li>• notify Workforce Safety and Insurance (WSI) if the employment ends prior to the exemption period end date</li> <li>• notify WSI if an injury is sustained within the exemption period</li> </ul>		
<p>If approved, WSI will issue a Preferred Worker Program Work Search Allowance of \$250 to be used for appropriate interview clothing, uniforms, travel expenses, or other items deemed necessary for work search.</p>		
<b>SECTION 3 – Injured worker’s signature</b>		
Injured worker’s signature		Date
<b>SECTION 4 – Program approval (WSI use only)</b>		
Preferred worker number	Status <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Authorized representative	Date	