

PREFERRED WORKER REGISTRATION

RETURN TO WORK DIVISION SFN 53235 (07/2022) 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

SECTION 1 – Injured employee's information				
Claim number	Injured employee's	(First name)	(Last name)	
Address				
City		State		ZIP code
Telephone number		Are you currently employed? ☐ Yes ☐ No		
SECTION 2 – Preferred worker recommendations and expectations				
To be successful in your work search and employment, the following is recommended:				
 Have an up-to-date resume Set daily and weekly goals based on good faith work search Register at nearest Job Service and maintain weekly contact Attend job fairs Attend a Job Seeking Skills Workshop. Schedules can be found at www.workforcesafety.com under Upcoming Events Be available for full-time work search, 6-8 hours per day, 5 days per week or according to level of release Understand your physical capabilities when applying for positions Make sure you are qualified for the jobs for which you apply Immediate follow-up on job leads Keep legible daily logs of activities (documentation should include employer contacts, names, dates, and results) Submit an Employment Contact Log on a weekly basis (visit www.workforcesafety.com/employee/forms) Review the preferred worker benefits and be prepared to explain the value of the program to a potential employer Be prepared, proactive, persistent, and organized 				
Once employed, the preferred worker is expected to:				
 abide by the terms of the employer's business practices, policies, and agreements perform work within restrictions as outlined by the medical provider notify Workforce Safety and Insurance (WSI) if the employment ends prior to the exemption period end date notify WSI if an injury is sustained within the exemption period 				
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.				
SECTION 3 – Injured employee's signature				
Injured employee's signature				Date
SECTION 4 – Program approval (WSI use only)				
Preferred worker number		Status Approved Der	<u> </u>	
Authorized representative Date				