

Vocational Questionnaire

Dear Injured Worker,

Name: _____

Please Complete the Following (attach additional sheets, if needed):

EDUCATION:	Name & Location of School	Course of Study	Years attended	Diploma or Degree & year obtained
High School / GED				
Undergraduate College				
Graduate Professional				
Other (Specify) Certifications / Licenses				
Vocational Training				

EMPLOYMENT EXPERIENCE (15 years of work history)

Start with your present or last job. Include any job-related military service assignments and volunteer Unpaid Work (taking care of family member, church programs, etc.).

Employer 1 (Name)	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Reason for leaving/ Wage			
Employer 2	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Reason for Leaving/ Wage			
Employer 3	Dates Employer		Work Performed
	From	To	
Address			
Job Title			
Reason for Leaving			

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Employer 4	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Reason for Leaving/ Wage			

Computer Skills: Do you have computer skills?

- **What is your Typing Speed:** _____ words per minute
- **Software (MicroSoft Office - Word, Excel, Access/ Other) Please list:**

- **Internet:** _____

- **Other knowledge:** _____

Language Skills:

- **Is English your primary language?** _____
- **If not, what is?** _____
- **Are you Bilingual?** _____
- **If so, what other languages do you speak?** _____
- **Can you read and write English?** _____
- **What language did you use to communicate in your job?** _____

Other: List all Drivers' Licenses, with Type of License and Endorsements - past and present:

Have you been convicted of a Felony within the last 7 years? If so, please provide details:

Are you a US Citizen? _____

Have you been job seeking? If so, please list job titles you are looking for: _____

Please list other volunteer activities, interests or skills that may be relevant to your employability: _____

Did you complete this Vocational Questionnaire form? (Circle) YES NO

If not, please indicate name and relationship of person who completed this form for you:

Signature: _____ **Date:** _____