

PINDER REHABILITATION SERVICES, LLC
VOCATIONAL QUESTIONNAIRE

Personal history:

BIRTH DATE:	CITY & STATE:
SIZE OF FAMILY:	CHILDREN:
PARENTS' WORK: (optional)	
SPOUSE'S WORK: (optional)	

Work history: *If you do not remember exact dates, please provide approximate dates along with other information.*

Current or Last employer:

NAME:	DATES:
ADDRESS:	
NAME OF SUPERVISOR / TITLE:	
JOB TITLE:	
JOB DESCRIPTION & DUTIES INCLUDING USE OF COMPUTERS:	
PLEASE DESCRIBE ANY LIGHT DUTY WORK PERFORMED FOR THIS EMPLOYER:	
PAY:	HOURS PER WEEK:
HEAVIEST ITEM LIFTED ON JOB:	
PHYSICAL DEMANDS:	
REASON FOR LEAVING:	

1.

PINDER REHABILITATION SERVICES, LLC
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NAME:	DATES:
ADDRESS:	
NAME OF SUPERVISOR/TITLE:	
JOB TITLE:	
JOB DESCRIPTION & DUTIES:	
PAY:	HOURS PER WEEK:
HEAVIEST ITEM LIFTED ON JOB:	
PHYSICAL DEMANDS:	
REASON FOR LEAVING:	

2.

NAME:	DATES:
ADDRESS:	
NAME OF SUPERVISOR/TITLE:	
JOB TITLE:	

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JOB DESCRIPTION & DUTIES:	
PAY:	HOURS PER WEEK:
HEAVIEST ITEM LIFTED ON JOB:	
PHYSICAL DEMANDS:	
REASON FOR LEAVING:	

3.

NAME:	DATES:
ADDRESS:	
NAME OF SUPERVISOR:	
JOB TITLE:	
JOB DESCRIPTION & DUTIES:	

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PAY:	HOURS PER WEEK:
HEAVIEST ITEM LIFTED ON JOB:	
PHYSICAL DEMANDS:	
REASON FOR LEAVING:	

4..

NAME:	DATES:
ADDRESS:	
NAME OF SUPERVISOR:	
JOB TITLE:	
JOB DESCRIPTION & DUTIES:	
PAY:	HOURS PER WEEK:
HEAVIEST ITEM LIFTED ON JOB:	
PHYSICAL DEMANDS:	
REASON FOR LEAVING:	

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5.

NAME:	DATES:
ADDRESS:	
NAME OF SUPERVISOR:	
JOB TITLE:	
JOB DESCRIPTION & DUTIES:	
PAY:	HOURS PER WEEK:
HEAVIEST ITEM LIFTED ON JOB:	
PHYSICAL DEMANDS:	
REASON FOR LEAVING:	

6.

NAME:	DATES:
ADDRESS:	
NAME OF SUPERVISOR:	
JOB TITLE:	

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JOB DESCRIPTION & DUTIES:	
PAY:	HOURS PER WEEK:
HEAVIEST ITEM LIFTED ON JOB:	
PHYSICAL DEMANDS:	
REASON FOR LEAVING:	

Summary of all employment including full time, part time, and summer: *(Example: 10 years in roofing and part time in lawn maintenance service)*

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What was your favorite job and why was it your favorite position?

Team and sports activities:

Hobbies, interests, and social activities:

Military activities:

MILITARY BRANCH:	RANK:
DISCHARGE STATUS:	NUMBER OF YEARS SERVED:
MILITARY TRAINING & SCHOOLS:	

Driver's license number: _____

Do you have an auto driver's license? Y or N

Do you have a truck or chauffeur's license? Y or N

Do you have safe driver written on your license? Y or N

If you are not a safe driver, do you know how
many points you have on your license? Y _____pts or N

Other driving or equipment operator knowledge:

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Legal status: (circle your answer)

Are you a US citizen?	Y	or	N
Are you allowed to work in the US?	Y	or	N
Do you have a criminal record?	Y	or	N

Flexibility:

Are you available to work weekends?	Y	or	N
Are you available to work overtime?	Y	or	N
Are you available to work nights?	Y	or	N

Medical considerations:

WHAT MEDICATIONS ARE YOU TAKING? HOW DOES IT AFFECT YOUR WORKING?

What physical restrictions must be observed in your work environment?

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What computer skills do you have?

Typing_____ Calculator_____ Word Perfect _____
wpm speed
Windows_____ Microsoft_____ Excel_____

Other computer knowledge/software:_____

Availability of a home computer? Y or N

Do you know the home row on the keyboard? Y or N

Can you type without looking at the keyboard? Y or N

Computer literacy/knowledge (E-mail, web browsing) Y or N

Other skills:

Current Work Goals: _____

- Wages or salary expected:_____ per week _____month _____ year
- How many hours can you work per week?_____

How far are you willing to travel to work?