



PINDER REHABILITATION SERVICES, LLC  
VOCATIONAL QUESTIONNAIRE

**Personal history:**

BIRTH DATE:	CITY & STATE OF BIRTH
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 ( including travel) :	
REASON FOR LEAVING:	

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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:	

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2.

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:	

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3.

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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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:	

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6.

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

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

**Team and sports activities:**

**Hobbies, interests, and social activities:**

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**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?

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

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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?