

Kentucky Office of Vocational Rehabilitation

Job Placement Initial Interview

Instructions

Purpose:

The purpose of this form is to provide a structure for the first interview with a consumer referred to job placement services.

Date of Referral

Enter the date that the consumer was referred to job placement services

Counselor

Enter the name of the counselor that referred the consumer to job placement services

Name

Enter the consumer's name

Telephone Number

Enter the telephone number of the consumer

Current Address

Enter the current address of the consumer

Primary Disability

Enter the primary disability of the consumer

Secondary Disability

Enter the secondary disability of the consumer

1. Do you draw SSI, unemployment, or SSDI?

Enter whether the consumer has SSI, unemployment, or SSDI. If the consumer isn't receiving any of them, state that fact in the answer.

- 2. Tell me the name of your last employer, position, and the dates of your employment.**

Enter the information on the last job that was held. Please include the beginning date and end date if applicable. Please be as specific as possible with month, day, and year.
- 3. What other types of work have you done in the past?**

Enter the types of employment that the consumer has done in the past. Please list as much experience as the consumer has.
- 4. Which jobs did you like best and why?**

Enter the specific jobs that the consumer liked the best and why they liked them.
- 5. Which jobs did you like least and why?**

Enter the specific jobs that the consumer liked the least and why they disliked them.
- 6. What kind of job are you looking for?**

Enter what kind of job the consumer is looking for now.
- 7. How far did you go in school? What kinds of training have you had?**

Enter the consumer's education level and the job training they have had in the past.
- 8. Do you have computer skills?**

Enter whether the consumer has consumer skills.

- 9. What is your disability, and how does it affect you at work?** Enter the consumer's disability and list its actual effects on the job itself.
- 10. What are your limitations and what accommodations do you need?** Enter the limitations the consumer has due to their disability and what, if any, accommodations they require due to those limitations.
- 11. What work skills can you bring to a job?** Enter the work skills that the consumer has for a job.
- 12. What personal skills can you bring to a job?** Enter the personal skills the consumer brings to the job.
- 13. Wage Desired** Enter the wage the person wants whether the amount is hourly or weekly.
- 14. How will you get to work? Do you have a valid driver's license?** Enter the consumer's transportation and if they have a driver's license or a current driver's license.
- 15. What kind of work do you prefer?** Enter whether the consumer wants full time or part time work, what shift they want, and/or what day(s) they want to work.

16. Have you ever been convicted of any violation of the law?

Enter whether the consumer has anything on their criminal record, including a felony, misdemeanor, or a driving violation of any type.

17. Do you have any previous employment problems?

Enter any previous issues that the consumer had on the job. If there were any issues, please be detailed and specific.