

JOB PLACEMENT INITIAL INTERVIEW

Date of Referral: _____

Counselor: _____

Name: _____

Telephone Number: _____

Current Address:

Primary Disability: _____

Secondary Disability: _____

1. Do you draw SSI, unemployment, or SSDI?
2. Tell me the name of your last employer, position, and the dates of your employment.
3. What other types of work have you done in the past?
4. Which jobs did you like best and why?

5. Which jobs did you like least and why?

6. What kind of job are you looking for?

7. How far did you go in school? What kinds of training have you had?

8. Do you have computer skills?

9. What is your disability, and how does it affect you at work?

10. What are your limitations, and what accommodations do you need?

11. What work skills can you bring to a job?

12. What personal skills can you bring to a job?

13. Wage desired:

14. How will you get to work? Do you have a valid driver's license?

15. What kind of work do you prefer?

Full Time
Part Time
1st Shift
2nd Shift

3rd Shift
Sunday
Monday
Tuesday

Wednesday
Thursday
Friday
Saturday

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

17. Do you have any previous employment problems?