

Luis Mas & Associates

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Vocational Exam Personal Data Questionnaire

Full Name: _____

Other Name(s) Used: _____

Mailing Address: _____

Residential Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Court County: _____

Auto Transportation: Make _____ Model _____ Year _____

Mechanical Condition: _____

Medical History

Are you currently receiving medical treatment of any kind: Yes No

If yes, please list condition(s): _____

Do you currently have any formal physical or psychological limitations as indicated by a physician, psychiatrist, clinical psychologist, or licensed therapist? Yes No

If yes, do any of these limitations prevent you from currently working on a full or part-time basis? Yes No

If yes, please provide supporting medical documentation regarding your limitations along with this questionnaire.

If yes, please list the name(s) and telephone number(s) of the physician(s) who is treating you for condition(s) listed:

Physician Name _____ Phone _____

Physician Name _____ Phone _____

Physician Name _____ Phone _____

(Note: A medical release may be requested to enable formal inquiry to the treating physician(s) listed above.)

Medical Disability Section

If you are claiming an inability to return to the labor market, please provide a medical source statement from a licensed medical/ psychiatric source, that explains medical/ psychiatric limitations that keep you from working.

If you are claiming total disability, have you applied for social security disability? Yes No

If yes please provide a copy of the social security paperwork to confirm your status.

If you have been found to be disabled by the Social Security Administration, please provide a copy of the court's decision finding you disabled.

List all medication(s) currently being prescribed and/or used: _____

Are there any side effects currently from any medication(s) currently being taken? Yes No

If yes, please describe side effects: _____

General Information

Date of Birth: _____ Current Age: _____ Languages Spoken: _____

Are you a U.S. Citizen? Yes No If no, are you a permanent resident of the United States? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, when and for what offense(s)? _____

If yes, are you currently on probation? Yes No If yes, what are the conditions of your probation (please describe)? _____

Have you ever had a DUI conviction: Yes No If yes, when? _____

Current Marital Status: Divorce Complete Divorce Pending

Years married at time of separation: _____

Is your spouse (ex-husband/ex-wife) employed? Yes No

If yes, where? _____

Number of dependents (if children, please provide name, age, and gender of each child): _____

Do you require child care? Yes No

If yes, have you made arrangements or do you plan on doing so in the immediate future? Yes No

If yes, please describe those plans: _____

What is the current custody agreement? _____

Education

Did you earn a high school diploma? Yes No

If yes, where and what year? _____

If no, last grade completed? _____ When / Where? _____

If no, did you obtain a general equivalency diploma (GED)? Yes No

If high school diploma only, what was the course of study? _____

What was your high school GPA (average grades)? _____

What were your favorite subjects? _____

What were your least favorite subjects? _____

If you earned college and/or graduate degree(s), please list below:

(Associates, Bachelors, Masters, Ph.D., M.D.)

<u>Institution / College</u>	<u>Major</u>	<u>Year Completed</u>	<u>Degree Earned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you attended college but did not complete a degree, please list below:

<u>Institution / College</u>	<u>Major</u>	<u>GPA</u>
_____	_____	_____
_____	_____	_____

Vocational/Technical School Training (if any):

School name and location: _____

Type of program and length: _____

Did you complete? Yes No

If yes, when was training completed? _____

Did you receive a certificate of completion? Yes No

If no, why not? _____

School name and location: _____

Type of program and length: _____

Did you complete? Yes No

If yes, when was training completed? _____

Did you receive a certificate of completion? Yes No

If no, why not? _____

Licenses & Certificates

License/Certification

Date Received

Is License/Certificate Current?

Computer/Keyboarding Skills/Software Knowledge

Do you own a computer? Yes No If yes, what type (please circle)? PC Mac Both

Do you type by touch? Yes No Speed _____ WPM

10-key by touch? Yes No Speed _____ SPH

Please indicate which of the following software programs you are familiar with:

Skill Level (please circle)

Microsoft Word	Basic	Intermediate	Advanced
Microsoft Excel	Basic	Intermediate	Advanced
Microsoft Power Point	Basic	Intermediate	Advanced
Microsoft Outlook	Basic	Intermediate	Advanced
Microsoft Access	Basic	Intermediate	Advanced
Quicken	Basic	Intermediate	Advanced
QuickBooks	Basic	Intermediate	Advanced
CAD	Basic	Intermediate	Advanced
Adobe Photoshop	Basic	Intermediate	Advanced
Voice to Text	Basic	Intermediate	Advanced

Please list any additional software programs you are familiar and/or have experience with and note skill level:

_____	Basic	Intermediate	Advanced
_____	Basic	Intermediate	Advanced
_____	Basic	Intermediate	Advanced

Work History

List your employment starting with the most current and include 25 years history (if applicable).

Please provide your resume and/or CV along with this completed questionnaire.

Employer Name: _____ City/State: _____

Nature of Business: _____

Employment Start Date: _____ Employment End Date: _____

Title Held: _____

Responsibilities & Tasks: _____

Skills Obtained: _____

Tools and/or Equipment Used: _____

Did you work (please circle): Full Time Part Time Starting Wage: _____ Ending Wage: _____

What was your annual commission earned (if applicable)? _____

How many hours per week did you work? _____ Was Separation Voluntary? Yes No

Reason for leaving? _____

Did you like this job? Yes No If no, why not? _____

Employer Name: _____ City/State: _____

Nature of Business: _____

Employment Start Date: _____ Employment End Date: _____

Title Held: _____

Responsibilities & Tasks: _____

Skills Obtained: _____

Tools and/or Equipment Used: _____

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Social Security Income History

Please visit : ssa.gov/myaccount/

You may need to create an account, if you do not already have one.

Please search for a snapshot of your past income history. It will be in the form of a chart; you can copy and paste and email it to us.

Financial Information

What is your currently monthly gross income? _____

Monthly spousal support received: _____ Monthly child support received: _____

List other income sources and amounts earned or received: _____

Estimated Monthly Expenses:

Rent or Mortgage(s)	\$
Utilities (including telephone)	\$
Food / Groceries	\$
Credit Payments	\$
Gasoline / Auto Maintenance	\$
Insurance (auto, life, health, etc.)	\$
Spouse and/or Child Support	\$
Medical / Dental	\$
Miscellaneous	\$
Total	\$

Leisure Activities

What are your leisure activities and hobbies? _____

Community Organizations/Volunteerism

Do you belong to any community organizations? Yes No If yes, which ones? _____

Describe volunteer activities (if applicable): _____

Availability and Willingness to Work

Do you have reliable transportation? Yes No

Are you available to work full-time? Yes No

If NO - please explain why you cannot: _____

Do you expect there will be a financial need for you to contribute to your own support?

Yes No

Do you want to contribute to your own support? Yes No

Are any special accommodations or arrangements that would need to be made if you were to work full-time?

Yes No

If YES, please let us know what these accommodations are: _____

Vocational Goals/Plans/Interests

What strengths would you describe to potential employers? _____

Job Search/Efforts to Seek Employment /Networking

Are you currently looking for employment? Yes No

If yes, how are you researching jobs? _____

Please provide a copy of your current job search log if applicable

What jobs are you looking for (job titles)? _____

A Day in Your Life

Tell us about your average day: _____

What time do you awaken? _____ What time do you go to sleep? _____