

## VOCATIONAL EVALUATION QUESTIONNAIRE

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### General Information

Current Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ First Name: \_\_\_\_\_

Other Name(s) Used: \_\_\_\_\_ Court Case #: \_\_\_\_\_

Current Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Rent  Own  Other  \_\_\_\_\_ Marital Residence? Yes  No

Mailing Address (if different than above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ LinkedIn Profile: \_\_\_\_\_

Facebook Account: Yes  No  Other Social Media? \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of birth: \_\_\_\_\_  
City State Country

Are you a U.S. Citizen? Yes  No  If no, what is your citizenship? \_\_\_\_\_

Do you have a Green Card? Yes  No  Expiration Date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Languages Spoken: \_\_\_\_\_

How long were you married? \_\_\_\_\_ Is your ex-spouse currently employed? Yes  No

If Yes, where? \_\_\_\_\_ Job Title: \_\_\_\_\_ Annual Earnings: \$ \_\_\_\_\_

What is your current marital status?  Separated Years \_\_\_\_\_ Months \_\_\_\_\_

Divorced Years \_\_\_\_\_ Months \_\_\_\_\_

Children: Yes  No

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child Custody: You  Ex-Spouse  Shared  Children's Father/Mother (if different than ex-spouse)

If shared, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If additional space is needed for your answers, please use the back of this sheet or attach an additional sheet.

**NLambert Vocational Services**

Father Living? Yes  No  If living, current residence: \_\_\_\_\_  
City State

Mother Living? Yes  No  If living, current residence: \_\_\_\_\_  
City State

Siblings: Yes  No

\_\_\_\_\_  
Name Brother   
Sister  Age \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Name Brother   
Sister  Age \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Name Brother   
Sister  Age \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Name Brother   
Sister  Age \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Name Brother   
Sister  Age \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

When is your next scheduled Court date concerning this matter? \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License: Yes  No  From what state? \_\_\_\_\_

Driving Restrictions? \_\_\_\_\_

Current mode of Transportation:  Own car: \_\_\_\_\_  
Make/Model Year Condition (good, fair, poor)

Bus  Walking  Friend/Relative

Have you ever been convicted of a criminal offense? Yes  No  If Yes, when? \_\_\_\_\_

If Yes, what was the offense: \_\_\_\_\_ Current Status: Probation:   
Parole:

Which Court had jurisdiction:  Federal  State of \_\_\_\_\_

**Financial Information**

Current Monthly Income

Spousal Support ..... \$ \_\_\_\_\_

Child Support ..... \$ \_\_\_\_\_

Employment ..... \$ \_\_\_\_\_

Unemployment ..... \$ \_\_\_\_\_

State Disability Insurance ..... \$ \_\_\_\_\_

Real Estate ..... \$ \_\_\_\_\_

Dividends on stocks, bonds, and/or money market accounts..... \$ \_\_\_\_\_

Other (Please list)..... \$ \_\_\_\_\_

**TOTAL =** ..... \$ \_\_\_\_\_

(If you need more room to write your answers, please use the back of this page.)

**NLambert Vocational Services**

Current Monthly Expenses

Rent/Mortgage .....	\$ _____
Automobile payments .....	\$ _____
Automobile Insurance .....	\$ _____
Automobile Gas .....	\$ _____
Automobile Maintenance/Repairs.....	\$ _____
Medical Insurance .....	\$ _____
Dental Insurance .....	\$ _____
Life Insurance .....	\$ _____
Long Term Care Insurance .....	\$ _____
Home Owners'/Renters' Insurance.....	\$ _____
Electricity .....	\$ _____
Gas .....	\$ _____
Water.....	\$ _____
Telephone.....	\$ _____
Cell Phone.....	\$ _____
Cable .....	\$ _____
Groceries .....	\$ _____
Dining Out .....	\$ _____
Wi-Fi Service .....	\$ _____
Clothing .....	\$ _____
Credit Cards (Please list) .....	\$ _____
School Tuition (Personal) .....	\$ _____
School Tuition (Children) .....	\$ _____
Spousal and/or Child Support.....	\$ _____
Child Care .....	\$ _____
Miscellaneous (explain) .....	\$ _____
<b>TOTAL = .....</b>	<b>\$ _____</b>

(If you need more room to write your answers, please use the back of this page.)

**Employment Goals**

Are you currently looking for employment? Yes  No

Describe how you are looking for work. \_\_\_\_\_

If Yes, what type of work have you been looking for? \_\_\_\_\_

How have you been looking for work? Online  Want Ads  Cold Calling  Networking

Recruiter  Employment Agencies  Temp Agencies

If offered a job for which you were qualified, would you be interested? Yes  No

What (if any) position(s) would you most like to secure in the future? \_\_\_\_\_

Are you currently enrolled in any educational/training programs? Yes  No

If Yes, list classes completed, currently taking, cost and name and location of school? \_\_\_\_\_

What do you see as your greatest barrier(s) to securing employment? \_\_\_\_\_

Do you have a current resumé? Yes  No

**Interests/Pastimes/Hobbies**

Describe your current and past Interests/Pastimes/Hobbies: \_\_\_\_\_

How much time per week do you devote to your Interests/Pastimes/Hobbies? \_\_\_\_\_

Are you involved or have you ever been involved in any volunteer work? Yes  No

If Yes, where? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

**Computer Skills**

Do you own a personal computer? Yes  No  If Yes, what type? \_\_\_\_\_

Do you own a laptop computer? Yes  No  If Yes, what type? \_\_\_\_\_

Do you own a tablet/notebook? Yes  No  If Yes, what type? \_\_\_\_\_

Do you own a smart phone? Yes  No

Do you send and receive emails? Yes  No  Can you attach documents and pictures? Yes  No

Do you access the Internet? Yes  No

Do you "touch type"? Yes  No  If Yes, how many words per minute? \_\_\_\_\_

(If you need more room to write your answers, please use the back of this page.)

**NLambert Vocational Services**

Do you use the 10-key pad by touch? Yes  No

**Computer Skills (cont'd)**

How would you describe your proficiency with the following programs?

Microsoft Outlook: Basic  Intermediate  Advanced

Microsoft Word: Basic  Intermediate  Advanced

Microsoft Excel: Basic  Intermediate  Advanced

Microsoft PowerPoint: Basic  Intermediate  Advanced

Microsoft Windows: Basic  Intermediate  Advanced  Version? \_\_\_\_\_

QuickBooks: Basic  Intermediate  Advanced

Other Accounting Software: Basic  Intermediate  Advanced  Name: \_\_\_\_\_

Google Chrome: Basic  Intermediate  Advanced

Adobe Photoshop: Basic  Intermediate  Advanced

Lotus Notes: Basic  Intermediate  Advanced

CAD Program(s): Basic  Intermediate  Advanced  Name: \_\_\_\_\_

Industry-Specific Software: Basic  Intermediate  Advanced

Describe: \_\_\_\_\_

**Medical/Psychological**

What current medical conditions do you have?	Physician	Medications
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you wear eyeglasses? Yes  No  Do you wear contact lenses? Yes  No

Are you restricted from performing any of the following activities?

Sitting: Yes  No  Standing: Yes  No  Walking: Yes  No  Climbing: Yes  No

Stooping: Yes  No  Crawling: Yes  No  Squatting: Yes  No  Kneeling: Yes  No

Reaching above shoulder level: Yes  No  Pushing/Pulling: Yes  No  Balancing: Yes  No

Can you lift 10 pounds: Yes  No  11 to 24 pounds: Yes  No  25 to 34 pounds: Yes  No

Do you think you could comfortably lift more than 35 pounds if required for work? Yes  No

(If you need more room to write your answers, please use the back of this page.)

**NLambert Vocational Services**

During an eight-hour workday, are you able to use your feet for repetitive movements such as operating foot controls? Right: Yes  No ; Left: Yes  No ; Both: Yes  No

**Medical (cont'd)**

What (if any) current medical conditions do your children suffer from?

Physician

Medications

What (if any) current medical conditions do your children suffer from?	Physician	Medications
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do your children require special home care? Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education**

High School Graduate? Yes  No  Year: \_\_\_\_\_ Where? \_\_\_\_\_  
School City State

General Equivalency Diploma (GED): Yes  No  Year: \_\_\_\_\_

College/University Graduate? Yes  No  School Attended: \_\_\_\_\_  
School City State

Year of graduation: \_\_\_\_\_ Degree? Yes  No  Major: \_\_\_\_\_

If degree not obtained, what was your major course of study? \_\_\_\_\_

Did you attend technical training school(s)? Yes  No

School: \_\_\_\_\_ Course subject: \_\_\_\_\_ Year(s) attended: \_\_\_\_\_

School: \_\_\_\_\_ Course subject: \_\_\_\_\_ Year(s) attended: \_\_\_\_\_

School: \_\_\_\_\_ Course subject: \_\_\_\_\_ Year(s) attended: \_\_\_\_\_

<u>License(s)/Certificate(s)</u>	<u>Date Received</u>	<u>Currently Active</u>
_____	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>

(If you need more room to write your answers, please use the back of this page.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Yes  No   
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Yes  No

**WORK EXPERIENCE**

(Include Internships, Volunteer Work, and On-the-Job Training)

Employer Name: \_\_\_\_\_

Address (City & State): \_\_\_\_\_

Type of Business (Services Offered): \_\_\_\_\_

Employment Start Date: \_\_\_\_\_ Employment End Date: \_\_\_\_\_

Full Time:  Part Time:  If part time, how many hours per week? \_\_\_\_\_

What was your job title at time of hire? \_\_\_\_\_

What certifications/licenses were required for this position? \_\_\_\_\_

What (if any) certifications/licenses (and license numbers) did you obtained during your employment?  
\_\_\_\_\_

What was your job title at end of employment? \_\_\_\_\_

Starting Wage: \$ \_\_\_\_\_ Hourly  Weekly  Monthly  Annually

Ending Wage: \$ \_\_\_\_\_ Hourly  Weekly  Monthly  Annually

Union Position? Yes  No

Did you receive bonuses? Yes  No  Did you receive commissions? Yes  No

How often did you receive bonuses/commissions? Monthly  Quarterly  Annually

What was the average amount earned? \$ \_\_\_\_\_

What were your job duties and/or responsibilities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tools and/or equipment used? \_\_\_\_\_

Did you develop new skills during your employment? Yes  No

If "Yes", what were those skills? \_\_\_\_\_  
\_\_\_\_\_

Describe any additional positions and/or responsibilities you had with this employer?  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving the employer: \_\_\_\_\_

Was your separation voluntary? Yes  No

(If you need more room to write your answers, please use the back of this page.)

What did you like most about your job? \_\_\_\_\_

\_\_\_\_\_

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