

# Luis Mas & Associates

**Luis Mas, MS, PhD, CRC**

Diplomate, American Board of Vocational Experts  
[Luis@Luismas.com](mailto:Luis@Luismas.com)

**Michael Bonneau MS, CRC**

Diplomate, American Board of Vocational Experts  
Retired

1820 W. Orangewood Avenue, Suite 103  
Orange, California 92868  
Ph 714.242.3462 Fax 888-557-5030  
Offices in Orange and Ontario  
[www.luismas.com](http://www.luismas.com)

## 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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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? \_\_\_\_\_



## Social Security Income History

Please visit : [ssa.gov/myaccount/](http://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? \_\_\_\_\_