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.)

Institution / College	Major	Year Completed	Degree Earned

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

Institution / College	Major	GPA

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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Nature of Business:_____

Employment Start Date:_____ Employment End Date:_____

Title Held:_____

Responsibilities & Tasks:_____

_____

Skills Obtained:_____

_____

Tools and/or Equipment Used:_____

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Skills Obtained:_____

_____

Tools and/or Equipment Used:_____

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Skills Obtained:_____

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Employment Start Date:_____ Employment End Date:_____

Title Held:_____

Responsibilities & Tasks:_____

_____

Skills Obtained:_____

_____

Tools and/or Equipment Used:_____

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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/

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?_____