

# Pre-Employment Screening

**IPE Job Goal:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**VR Counselor:** \_\_\_\_\_  
**Disability:** \_\_\_\_\_

## Applicant Data:

Full Name: \_\_\_\_\_  
First Middle Last Maiden

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Previous Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text:  Yes  No

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Are you a Citizen of the United States?  Yes  no

If not are you legally allowed to work in the United States?  Yes  No

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Expired: \_\_\_\_\_  Operational  Commercial (CDL)

Sex:  F  M  African-American/Black  Caucasian  American Indian or Alaskan Native  
 Hispanic/Latino  Asian or Pacific Islander

Have you had any accidents or moving violations during the past three years?  Yes  No

If yes, explain: \_\_\_\_\_

Are you at risk of having your driver's license suspended for unpaid child support?  Yes  No

Have you pled "guilty", "no contest", or been convicted of a crime?  Yes  No

If yes explain the nature of offense(s): \_\_\_\_\_

Date(s): \_\_\_\_\_ County: \_\_\_\_\_ Sentence(s) Imposed: \_\_\_\_\_

Do you have any ongoing court appointments?  Yes  No If yes, explain: \_\_\_\_\_

Do you have any tattoos or piercings?  Yes  No If yes, where? \_\_\_\_\_

## Military

Have you ever been in the Armed Forces?  Yes  No

Military Status:  Veteran  Active  Retired  Dependent  Other \_\_\_\_\_

Specialty: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

## Availability

Date available to start: \_\_\_\_\_

Type of employment:  Full-Time  Part-Time  Temporary  Seasonal

Any Day/Time: \_\_\_\_\_

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

How far are you willing to travel: \_\_\_\_\_

**Family Support**

\_\_\_\_\_

\_\_\_\_\_

If you have children living in your home, what will you do for childcare? \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact**

**Transportation**

**Languages**

Primary: \_\_\_\_\_

Other Language(s): \_\_\_\_\_

**Computer**

Do you have a computer with internet access in your home  Yes  No

If not, where do you access a computer? \_\_\_\_\_

Computer Skills: \_\_\_\_\_

\_\_\_\_\_

**Hobbies**

**Special Skills/Qualifications**

**Education**

High School: \_\_\_\_\_

Address: \_\_\_\_\_

High School Diploma \_\_\_\_\_  GED \_\_\_\_\_

Date Date

College/Vocational School: \_\_\_\_\_

Address: \_\_\_\_\_

Degree: \_\_\_\_\_  Graduated \_\_\_\_\_

Date

Additional Certifications/ Licenses: \_\_\_\_\_

\_\_\_\_\_

**Physical Restrictions**

**Disability Issues**

Are you receiving SSI/SSDI?  SSI \$ \_\_\_\_\_  SSDI \$ \_\_\_\_\_

Amount Amount

Are you receiving food stamps or any additional public assistance?  Yes  No

If yes, what are you receiving? \_\_\_\_\_

Are you currently receiving counseling? \_\_\_\_\_

**Barriers to Employment**

**Medication**

Significant side effects \_\_\_\_\_

Do you smoke?  Yes  No

If you were to take a drug screening today would you be able to pass?  Yes  No

**Previous Employment (begin with the most recent position):**

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you eligible for rehire?  Yes  No      Can we use this employer as a reference?  Yes  No

If you answered "no" to either of the above questions, explain why: \_\_\_\_\_

How did you find this job? \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you eligible for rehire?  Yes  No      Can we use this employer as a reference?  Yes  No

If you answered "no" to either of the above questions, explain why: \_\_\_\_\_

How did you find this job? \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you eligible for rehire?  Yes  No      Can we use this employer as a reference?  Yes  No

If you answered "no" to either of the above questions, explain why: \_\_\_\_\_

How did you find this job? \_\_\_\_\_

**References (Three references other than relatives or previous employers):**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Yrs: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Yrs: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Yrs: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

**Plan For Employment:**

Plan A: \_\_\_\_\_  
\_\_\_\_\_

Plan B: \_\_\_\_\_  
\_\_\_\_\_

Plan C: \_\_\_\_\_  
\_\_\_\_\_

Places you have already applied to: \_\_\_\_\_  
\_\_\_\_\_

What is your ideal job? \_\_\_\_\_  
\_\_\_\_\_

Jobs that you will absolutely not consider working: \_\_\_\_\_  
\_\_\_\_\_

In your opinion, what is the hardest thing about the job search? \_\_\_\_\_  
\_\_\_\_\_

**Additional information**

How did you hear about Vocational Rehabilitation? \_\_\_\_\_  
\_\_\_\_\_

Have you ever had help with job search or with job development before? \_\_\_\_\_  
\_\_\_\_\_

Do you have appropriate interview clothing?  Yes  No  
If yes, what do you have?

\_\_\_\_\_

**Additional Notes:**