

PEP Jobs Program Questionnaire

General Information:

Name: _____ Disabilities and health conditions: _____
Street address: _____
City: _____ State: _____
Zip: _____
Home phone: _____ History of alcohol / substance abuse? _____
Cell phone / Other: _____ If yes, length of sobriety "clean time": _____
E-mail: _____
Are you over 18 years old? yes no Highest education level: _____

Functional limitations (activities you cannot do): _____

Have you ever been convicted of a felony? _____ If yes, please give details: _____

Type of seizures you experience: _____

When do your seizures usually happen and how often? _____

Do you get a warning before a seizure? _____

Work Interests:

Type of work most interested in: _____

How many full-time jobs have you had in the last 3 years? _____ Part-time? _____

How long were you employed for at your last 2 employers? _____

Would you like to work full-time, part-time or either? _____

What are your financial goals? –or– How much money would you like to make?

What did you like most about your previous jobs? _____

What did you like least? _____

Emergency Information:

Who should be contacted in case of emergency?

Name: _____ Address: _____

Home phone: _____ Cell phone: _____