

Questionnaire

To best serve you, please fill out this questionnaire so we may refer you to the appropriate resources.

Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Alternate Phone: _____

E-mail: _____

Military Service Dates: From _____ to _____
Month / Day / Year Month / Day/Year

List specific job titles you are seeking:

1) _____ 2) _____

===== ★ ===== ★ ===== ★ =====

1. Are you a recently returning Veteran of OIF/OEF?
YES NO
2. Are you a Disabled Veteran?
YES NO
3. Are you experiencing housing difficulties?
YES NO
4. Do you have reliable transportation?
YES NO
5. If hired by an employer, would you be able to pass the following?
Background Check: YES NO
Employment Physical: YES NO
6. Do you feel that you may have any other obstacles to gain employment?
YES NO
7. Do you have a resume?
YES NO
8. Do you have sufficient computer skills to do an Internet job search?
YES NO
9. Education Level: Less than High School/GED High School/GED
 Vocational School Associates Degree Bachelors Degree Graduate Degree (MA, Ph.D)