INTAKE QUESTIONAIRE

NAME:_____DOB:_____

ADDRESS:_____EMAIL:_____

PHONE: (HOME)_____(CELL or MSG)_____

EMERGENCY CONTACT:_____RELATIONSHIP:_____

ADDRESS:_____

PHONE: (HOME)_____(CELL)_____

PREFERRED HOSPITAL:_____

PHYSICAL CONSIDERATIONS:

MOBILITY:_____VISION:_____

HEARING:_____COMMUNICATION:_____

MEDICAL CONSIDERATIONS:

RESPIRATORY LIMITATION:_____DIABETES:_____

CARDIAC LIMIATIONS:_____SEIZURES:_____

ALLERGIC REACTIONS:_____TRANSFERABLE DISEASES:_____

ARTHRITIS:_____OTHER:_____

LIST MEDICATIONS YOU ARE TAKING AND FOR WHAT REASON:_____

_____

_____

EMPLOYMENT CONSIDERATIONS:

LIST ANY FELONIES, MISDEMEANORS OR OTHER EMPLOYMENT CONCERNS:_____

_____

_____

WOULD YOU BE ABLE TO PASS A DRUG TEST TODAY? YES ☐ NO ☐

ARE YOU RECEIVING SOCIAL SECURITY BENEFITS/OTHER THAT WOULD NEED TO BE CONSIDERED FOR OBTAINING EMPLOYMENT: YES ☐ NO ☐ IF SO, WHAT? _____

_____

EMPLOYMENT CONSIDERATIONS CONTINUED…

HOURS/DAYS YOU ARE WILLING TO WORK?

FULL TIME ☐ PART TIME ☐ DAYS ☐ EVENINGS ☐ GRAVEYARD ☐ WEEKENDS ☐

COMMENTS:_____ EXPECTED WAGE: $_____

CHECK THE LOCATIONS YOU ARE WILLING TO ACCEPT EMPLOYMENT IN...

OGDEN ☐ ROY ☐ LAYTON ☐ BOUNTIFUL ☐ SLC ☐ BRIGHAM CITY ☐ LOGAN ☐ OTHER ☐

COMMENTS:_____

TRANSPORTATION: *(Check all that apply)*

CAR ☐ BUS ☐ WALK/BIKE ☐ CAR POOL ☐ FAMILY/FRIENDS ☐ FLEX TRANS ☐ PROVIDER AGENCY ☐

COMMENTS:_____

DO YOU HAVE PROPER IDENTIFICATION TO OBTAIN EMPLOYMENT?

DL/ID: YES ☐ NO☐ LIST #_____ SS CARD: YES ☐ NO ☐

OTHER: _____

DO YOU HAVE ANY CHILDREN THAT WILL REQUIRE DAYCARE WHEN YOU GET A JOB? YES ☐ NO ☐

DO YOU HAVE APPROPRIATE INTERVIEW CLOTHING? YES ☐ NO ☐

DO YOU HAVE A CURRENT RESUME? YES ☐ NO ☐

DO YOU KNOW A SECOND LANGUAGE? YES ☐ NO ☐

ADDITIONAL INFORMATION:_____

Mother's maiden name_____

Previous address:

From_____ to _____

From_____ to _____

From_____ to_____

_____

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