

## Employment Questionnaire

To: \_\_\_\_\_

Re: \_\_\_\_\_

SSN: \_\_\_\_\_

Please answer the following questions.

1. which of the following accommodations did you make to allow this employee to work?

(Check all that apply.)

Extra help from coworkers	<input type="checkbox"/>	Lower production	<input type="checkbox"/>
Fewer or easier duties	<input type="checkbox"/>	Lower quality	<input type="checkbox"/>
Frequent absences	<input type="checkbox"/>	More breaks or rest periods	<input type="checkbox"/>
Reduced hours	<input type="checkbox"/>	Special tools or equipment	<input type="checkbox"/>
Irregular hours	<input type="checkbox"/>	Special supervision	<input type="checkbox"/>
Lower efficiency	<input type="checkbox"/>	Special transportation	<input type="checkbox"/>

*If yes, Please explain any of the items checked above:*

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2. Was the employee hired because of family relationship, past association with the employer or other such reason? Yes \_\_\_ No \_\_\_

*If yes, please explain:* \_\_\_\_\_

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3. Did the employee have difficulty getting along with or relating to co-workers? Yes \_\_\_ No \_\_\_

*If yes, please explain:* \_\_\_\_\_

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4. Did the employee have difficulty relating to the public? Yes \_\_\_ No \_\_\_

*If yes, please explain:* \_\_\_\_\_

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5. Did the employee have difficulty dealing with normal work stress? Yes \_\_\_ No \_\_\_

*If yes, please explain:* \_\_\_\_\_

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6. Did the employee have difficulty following directions? Yes \_\_\_ No \_\_\_

*If yes, please explain:* \_\_\_\_\_

7. Did the employee have difficulty maintaining attention and concentration? Yes \_\_\_ No \_\_\_

*If yes, please explain:* \_\_\_\_\_

8. Was the employee frequently absent from work? Yes \_\_\_ No \_\_\_

9. Was the employee's work satisfactory? Yes \_\_\_ No \_\_\_

*If the employee no longer works for you, when did his/her employment end and why?*

10. Please provide any additional remarks regarding this employee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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