



# EMPLOYMENT QUESTIONNAIRE

State Form 4677 (R2/10-94) VRS 2060

## \* PRIVACY NOTICE \*

This State agency is requesting disclosure of your Social Security number, under IC 4-1-8, in order to perform its statutory function. Disclosure is . . .  
■ *voluntary, and you will not be penalized for refusal.*

Date	
<p>In order that we may have a complete record of each rehabilitation case, we would appreciate it if you would fill out the questionnaire below and return it in the enclosed stamped envelope.</p> <p style="text-align: center;">Your's truly, _____ Vocational Rehabilitation Counselor</p>	

Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date you began your work	Social Security number
Name of employer		
Address of employer		
Describe type of work you are doing:		
Your gross salary ( <i>per week or month</i> )		
If you receive room or board in addition to your salary, please explain the arrangement:		
Is your job satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did someone help you find your job? ( <i>If yes who</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No		
How many persons do you now support, <i>not counting yourself</i> ?		
Have you applied for Social Security Disability Benefits at any time during the last 5 years? ( <i>If yes check one of the following</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Disability benefits allowed <input type="checkbox"/> Denied <input type="checkbox"/> Decision Pending		
Do you receive aid from the Department of Family and Children? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
Do you receive aid from your Township Trustee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
Remarks:		
Signature		Date
Address		Date