

WORK EXPERIENCE/PREFERENCES

Name: _____ Date: _____

<i>Activity History or Name of Employer</i>	<i>Dates Involved or Employed</i>	<i>Duties</i>	<i>Reason for Leaving</i>

Hobbies/Interests _____

Preferences - please check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Full Time Work |
| <input type="checkbox"/> Standing | <input type="checkbox"/> Part Time Work |
| <input type="checkbox"/> Sit and Stand | <input type="checkbox"/> Day Work |
| <input type="checkbox"/> Lifting (<i>how much</i>) _____ | <input type="checkbox"/> Evening Work |
| <input type="checkbox"/> Work in a small group | <input type="checkbox"/> Work in a large group |
| <input type="checkbox"/> Work Alone | <input type="checkbox"/> No Work |

Other: _____