

PORTCO, Inc.  
Potential Employee Questionnaire  
(To be completed by Case Manager)

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

Case Manager: \_\_\_\_\_ CSB: \_\_\_\_\_

Case Manger contact information: \_\_\_\_\_

\*\*Please answer the following questions to the best of your ability. This questionnaire is designed for the benefit of the employees and PORTCO, Inc. All information is required in order for persons to be considered for employment at PORTCO, Inc.

1. Has the potential employee ever worked before? (circle one)      YES              NO

If yes, list type of job(s)

\_\_\_\_\_

\_\_\_\_\_

2. Are there any behaviors (past or current) being demonstrated by the potential employee that may affect work/social performance? (circle one)      YES              NO

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

3. Does the potential employee have any medical or physical restrictions?

(circle one)      YES              NO

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

4. Any special skills that the potential employee demonstrates? (circle one)      YES              NO

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Thank you for your assistance in obtaining employment for this potential employee. Please fax the completed form to Claiborne Butler at 673-2326. It will be reviewed along with the psychological by the PORTCO Employment Screening Committee and you will be informed of the outcome as soon as possible.