

Employment Questionnaire

When an issue in your Social Security disability benefits case is whether your brief work qualifies as an unsuccessful work attempt, especially if the work lasted more than three months but less than six months, it may be useful to send your former employer this questionnaire to complete.

To: _____

Re: _____

SSN: _____

Please answer the following questions.

Did you grant any of the following special considerations to allow this employee to work? (Check all that apply.)

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

Please explain any items checked above and describe any other special considerations granted:

Was the employee hired because of family relationship, past association with the employer or other altruistic reason? Yes ___ No ___

Explain Yes answer: _____

Did the employee have trouble relating to co-workers? Yes ___ No ___

Explain Yes answer: _____

Did the employee have trouble relating to the public? Yes ___ No ___

Explain Yes answer: _____

Did the employee have trouble dealing with normal work stress? Yes ___ No ___

Explain Yes answer: _____

Did the employee have trouble following directions? Yes ___ No ___

Explain Yes answer: _____

Did the employee have trouble maintaining attention and concentration? Yes ___ No ___

Explain Yes answer: _____

Was the employee frequently absent from work? Yes ___ No ___

Was the employee's work satisfactory? Yes ___ No ___

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

Space for any additional remarks you may wish to provide:

Signature: _____

Title: _____

Date: _____

Telephone Number: _____