

BIOGRAPHICAL INFORMATION

This form is designed to obtain information about your personal history that will be useful in vocational assessment. It consists of three parts: Part I asks about your educational history, work history, and vocationally related activities; Part II asks for information about your childhood and adolescent years; and Part III asks about your present situation.

Part I

Section A: Educational History

1. How many years of school have you finished?

- less than high school graduate
- high school graduate
- voc/tech school graduate
- some college
- college graduate
- some graduate work or professional school
- graduate or professional degree

2. Rank the following types of courses putting first (rank 1) that area in which you had the most courses in junior high school and/or high school, and putting last (rank 5) that area in which you had the fewest courses.

- Business 1. _____
- Math 2. _____
- Science 3. _____
- Shop/Technical 4. _____
- Social Studies 5. _____

3. List and describe below job-related training and/or education you have had beyond high school training. (This would include any trade school, college or university, vocational-technical or business school, correspondence, extension or special courses or programs, apprenticeship or service school.)

Where Taken	Dates	Course Program or Major Area of Study	Degree or Certification
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

4. Have you taken and independent study/reading courses? Yes No

If Yes, how many? _____

- 5. List any self-improvement courses you have taken (e.g., human relations, assertiveness training, Dale Carnegie, speed reading, how-to-study).

Section B: Work History

1. At what age did you start working regularly for pay? _____

Part-time _____ Full-time _____

2. How many different jobs have you had in the last five years? _____

3. List and describe below and on the following page your last five jobs beginning with your current or most recent job. (do not include military service.)

Job Title _____

Employer/Address _____

Dates: _____ to _____ Pay per month \$ _____ Hours per week _____

Describe what you do (did) on this job _____

How do (did) you like this job? (Check one)

- | | |
|---|---|
| <input type="checkbox"/> I hate(d) it | <input type="checkbox"/> I like(d) it |
| <input type="checkbox"/> I dislike(d) it | <input type="checkbox"/> I am (was) enthusiastic about it |
| <input type="checkbox"/> I don't (didn't) dislike it | <input type="checkbox"/> I love(d) it |
| <input type="checkbox"/> I am (was) indifferent to it | |

Job Title _____

Employer/Address _____

Dates: _____ to _____ Pay per month \$ _____ Hours per week _____

Describe what you did on this job _____

Did you like this job? (Check one)

- I liked it
- It was okay
- I mostly didn't like it

Job Title _____

Employer/Address _____

Dates: _____ to _____ Pay per month \$ _____ Hours per week _____

Did you like this job? (Check one)

- I liked it
- It was okay
- I mostly didn't like it

Job Title _____

Employer/Address _____

Dates: ____ to ____ Pay per month \$ _____ Hours per week _____

Describe what you did on this job _____

Did you like this job? (Check one)

- I like it
- It was okay
- I mostly didn't like it

Job Title _____

Employer/Address _____

Dates: ____ to ____ Pay per month \$ _____ Hours per week _____

Describe what you did on this job _____

Did you like this job? (Check one)

- I like it
- It was okay
- I mostly didn't like it

Which one of the jobs on the preceding pages did you hold for the longest period of time?

Which one of the jobs did you like best? _____

6. If these jobs (longest and liked best) are the same, only check the boxes under longest. If these jobs are not the same, check the boxes on the left for the job you held the longest and the boxes on the right for the job you liked best.

	<u>Longest</u>	<u>Liked Best</u>
Did you see the finished product of your work	<input type="checkbox"/> yes <input type="checkbox"/> sometimes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> sometimes <input type="checkbox"/> no
Did you supervise others	<input type="checkbox"/> yes <input type="checkbox"/> sometimes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> sometimes <input type="checkbox"/> no

	<u>Longest</u>	<u>Liked Best</u>
Did you develop projects that others completed	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Did you receive praise from your supervisor for a job well done?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
How much time did you spend outdoors	<input type="checkbox"/> most or all <input type="checkbox"/> about half <input type="checkbox"/> little or none	<input type="checkbox"/> most or all <input type="checkbox"/> about half <input type="checkbox"/> little or none
Did you have much free time on the job?	<input type="checkbox"/> yes <input type="checkbox"/> sometimes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> sometimes <input type="checkbox"/> no
How did you work most of the time?	<input type="checkbox"/> alone <input type="checkbox"/> with a few people <input type="checkbox"/> with many people	<input type="checkbox"/> alone <input type="checkbox"/> with a few people <input type="checkbox"/> with many people
How were you supervised?	<input type="checkbox"/> supervised most of the time <input type="checkbox"/> not supervised most of the time	<input type="checkbox"/> supervised most of the time <input type="checkbox"/> not supervised most of the time
Who set your work routine?	<input type="checkbox"/> followed a set routine, paced for you <input type="checkbox"/> operated within a loose routine <input type="checkbox"/> paced yourself <input type="checkbox"/> established your own routine and pacing	<input type="checkbox"/> followed a set routine, paced for you <input type="checkbox"/> operated within a loose routine <input type="checkbox"/> paced yourself <input type="checkbox"/> established your own routine and pacing

7. Have you ever:

created or redesigned your own job?	<input type="checkbox"/> yes	<input type="checkbox"/> no
suggested changes in company policy or practice?	<input type="checkbox"/> yes	<input type="checkbox"/> no
asked for a raise in pay?	<input type="checkbox"/> yes	<input type="checkbox"/> no
refused to do a task required by your job?	<input type="checkbox"/> yes	<input type="checkbox"/> no
put off doing tasks required by your job until you didn't have to do them?	<input type="checkbox"/> yes	<input type="checkbox"/> no
changed work methods in your job?	<input type="checkbox"/> yes	<input type="checkbox"/> no

8. For each of the following work tasks, check one of the boxes (seldom, sometimes, or frequently) for the job you held the longest; then check one of the boxes for the job you liked best. If these jobs are the same check only the boxes under longest.

	<u>Longest</u>			<u>Liked Best</u>		
	Seldom	Some- times	Freq- uently	Seldom	Some- times	Freq- uently
Working with numbers	___	___	___	___	___	___
Working with words, ideas	___	___	___	___	___	___
Working with forms, patterns, graphs	___	___	___	___	___	___
Advising or counseling	___	___	___	___	___	___
Waiting on people	___	___	___	___	___	___
Teaching or supervising	___	___	___	___	___	___
Speaking to or communicating with others	___	___	___	___	___	___
Selling or entertaining	___	___	___	___	___	___
Placing or moving large objects	___	___	___	___	___	___
Driving or steering equipment	___	___	___	___	___	___
Handling small objects, use of fingers (like typing)	___	___	___	___	___	___
Observing or tending things or machines	___	___	___	___	___	___

9. How many jobs have you obtained:

- through friends or family? _____
- through a placement or employment agency? _____
- through being contacted by the company? _____
- through want ads or applying in person? _____

10. Were you ever in the military service?

If yes: What branch? _____

How long? _____ years

Rank at entry? _____

Rank at discharge? _____

Awards? (List) _____

Did you receive any occupational training? ___ yes ___ no

If yes, for what occupation(s)? _____

Type of discharge _____

How did you feel about the military service?

___ I liked it ___ it was okay ___ I mostly didn't like it

Section C: Related Activities

1. For each of the following general kinds of activities check one of the boxes (seldom, sometimes, or frequently) that best describes how much you were involved in that kind of activity in the last five years.

	seldom or not at all	sometimes	frequently
Team sports like basketball or hockey	___	___	___
Fixing things, working on cars	___	___	___
Eating out	___	___	___
Activities like model building or watch repair	___	___	___
Individual sports like skiing, bowling	___	___	___
Walking and jogging	___	___	___
Self-improvement activities like physical fitness, yoga	___	___	___
Driving around	___	___	___
Outdoor activities (other than sports)	___	___	___
Attending art galleries, concerts, plays	___	___	___
Home carpentry, repairs or painting	___	___	___
Watching television, weekly serials or sports	___	___	___

	seldom or or not at all	sometimes	frequently
Watching plays, documentaries, educational TV	_____	_____	_____
Composing music, writing stories, designing	_____	_____	_____
Craft activities like knitting, leatherwork	_____	_____	_____
Games like pool, pinball or cards	_____	_____	_____
Listening to music	_____	_____	_____
Going to the movies	_____	_____	_____
Housework or household activities	_____	_____	_____
Activities like carving or composing photographs	_____	_____	_____
Attending sports events, drag races	_____	_____	_____
Going to taverns or bars	_____	_____	_____
Reading best sellers	_____	_____	_____
Playing bingo, games of chance	_____	_____	_____
Reading classical literature or history	_____	_____	_____
Stamp collecting or working crossword puzzles	_____	_____	_____
Reading community newspapers, magazines like <u>McCall's</u>	_____	_____	_____
Reading books, reports, manuals that relate to your job	_____	_____	_____
Reading newspapers and magazines like <u>Time</u> or <u>Newsweek</u>	_____	_____	_____
Writing letters to newspapers, city hall, Congressman	_____	_____	_____

2. List the awards or prizes you have received for things you have done.

3. What kinds of organizations or clubs have you been a member of in the past five years? What offices or active committee memberships have you held?

Community organizations: (name/office held)

Church or religious organizations: (name/office held)

Hobby, interest, or study groups: (name/office held)

Political organizations: (name/office held)

Social organizations: (name/office held)

Business, trade, labor union, or professional organizations: (name/office held)

- 4. Do you have any health problems that limit your activities? ___ yes ___ no
- 5. How many times in the last five years have you been hospitalized for longer that a week? (Do not count hospitalizations for checkups.) _____
- 6. How many houses or apartments have you lived in the last five years? _____

Part II

The questions in this part of the form are about the time period before you were 18 years old. Answer the questions with that time period in mind

- 1. How many adults did you typically live with? _____
- 2. How many people younger than you did you typically live with? _____
- 3. How many years did you live on a farm? _____ in a small town or city (less than 100,000) in a large city? _____
- 4. Number of different communities or cities you lived in _____
- 5. Number of different residences you lived in (count each address, including apartment (houses) _____

6. Did you leave home before age 18? yes no
7. What work did you do for pay during this period? (Check all that apply)
- babysitting store clerk
- paper route farm work, laborer
- busperson, other (name them) _____
waiter/waitress
8. How did you spend your free time outside work or school?
- mostly alone
- mostly with one or two friends
- mostly in groups of three or more
9. Did you have any health problems that restricted your activities?
- yes no If yes, what were these? _____

10. How many times were you hospitalized for longer than a week? (Do not count hospitalizations for check-ups) _____
11. Did you attend public school? yes no If yes, how many years? _____
12. Did you attend private or parochial schools? yes no
- If yes, for how many years? _____
13. In school did you break the rules? (Check one)
- never sometimes
- almost never frequently
14. In school were you punished for breaking the rules? (Check one)
- never sometimes
- almost never frequently

15. For each of the following activities check one of the boxes (seldom, sometimes, or frequently) that best describes how much you were into that kind of activity.

	seldom or not at all	sometimes	frequently
Art work or craft activities	_____	_____	_____
Building or fixing things	_____	_____	_____
Community activities, organizations	_____	_____	_____
Dancing	_____	_____	_____
Extra-curricular school activities	_____	_____	_____
Going to concerts	_____	_____	_____
Going to the movies	_____	_____	_____
Hanging around	_____	_____	_____
Housework or household tasks	_____	_____	_____
Listening to music	_____	_____	_____
Outdoor activities other than sports	_____	_____	_____
Playing musical instruments or singing	_____	_____	_____
Reading	_____	_____	_____
Sports	_____	_____	_____
Television	_____	_____	_____
Time with friends	_____	_____	_____
Working	_____	_____	_____

16. Were you happy with your life during this period of time? (Check one)

____ yes ____ somewhat ____ no

Part III

The following questions are about your present situation.

1. How many people do you live with now? _____
2. How many are over the age of 16? _____
3. How many times have you been married? _____
4. If you are currently married, how long have you been married? _____ years
5. Spouse's age _____, years of education _____, occupation _____
6. Father's age _____, years of education _____, occupation _____
7. Mother's age _____, years of education _____, occupation _____
8. List your brothers' and sisters' ages, years of education, and occupation.

	<u>Age</u>	<u>Yrs. of Ed.</u>	<u>Occupation</u>
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Brothers

_____	_____	_____
_____	_____	_____
_____	_____	_____

Sisters

_____	_____	_____
_____	_____	_____
_____	_____	_____

9. List your children's ages, sex, years of education, and occupation (if any).

<u>Age</u>	<u>Sex</u>	<u>Yrs. of Ed.</u>	<u>Occupation</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. How many people do you see socially outside work on a weekly basis? _____
11. How many of them are from a higher income level? _____
12. How many of them are from a lower income level? _____
13. Of the people you see weekly, how many do you know through work? _____

14. In your home who makes the decisions about paying bills? (Check one only)

- yourself other person
 you and other person not relevant to you

15. Who makes decisions about caring for or disciplining the children? (Check one only)

- yourself other person
 you and other person not relevant to you

16. Who makes decisions about what you do for fun or entertainment? (Check one only)

- yourself other person
 you and other person not relevant to you

17. Do you keep a budget and account of your spending? (Check one only)

- keep exact records and follow a budget
 keep records and manage according to a general plan
 never budget or keep records

18. Do you know how much retirement income you will have? (Check one only)

- yes, exactly
 yes, generally
 no

19. How much life insurance do you have? (Check one only)

- none
 less than three times my yearly earnings
 three times my yearly earnings or more
 don't really know

20. How many dependants other than yourself do you support? _____