STATE OF CALIFORNIA DEPARTMENT OF REHABILITATION

EMPLOYMENT RECORD

DR 222B (Rev. 3-91)

INSTRUCTIONS: PLEASE COMPLETE ALL PAGES OF THIS FORM

Careful completion of all sections of this form will help us to determine your eligibility and assist in vocational planning. In addition to employment, include trade/vocational training, special licenses, and related information. This information will be kept confidential.

Applicant/Client's Name
Date

SECTION I EDUCATIONAL/VOCATIONAL TRAINING

Check Highest Grade Completed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

☐ GED College ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

TRADE, VOCATIONAL, OR PROFESSIONAL INSTITUTIONS OF HIGHER EDUCATION ATTENDED:

School	Major Courses	Certificate/Degree
School	Major Courses	Certificate/Degree

MILITARY WORK EXPERIENCE OR TRAINING:	FOREIGN LANGUAGES:

SECTION II WORK EXPERIENCE

List Last Employer First – Include Volunteer Experience

Employer			Date Began
Address: Street	City	State	Date Ended
Name of Job			Wages

Can you still do this type of work?

☐ Yes ☐ No If not, why not?

Your Duties: *(Describe exactly what you did. List tools and equipment used.)*

Reason for leaving

What about your work did you like?

What did you dislike?

Employer			Date Began
Address: Street	City	State	Date Ended
Name of Job			Wages

Can you still do this type of work?
☐ Yes ☐ No If not, why not?

Your Duties: *(Describe exactly what you did. List tools and equipment used.)*

Reason for leaving

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What did you dislike?

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Address: Street	City	State	Date Ended
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Address: Street	City	State	Date Ended
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Can you still do this type of work?
☐ Yes ☐ No If not, why not?

Your Duties: *(Describe exactly what you did. List tools and equipment used.)*

Reason for leaving

What about your work did you like?

What did you dislike?

SECTION III ADDITIONAL INFORMATION

List other jobs you have had:

Of all your jobs, which did you like the best?

Of all your jobs, which did you like the least?

What do you believe you need in order to become employed?