

OUR WAY, INC.

**PRE-EMPLOYMENT QUESTIONNAIRE**

1. LIST ANY EXPERIENCE you have had with developmentally disabled and/or physically disabled persons:

2. ARE YOU A Certified Nursing Assistant and/or Home Health Aide? **YES** **NO**

3. IF **YES**, Do you have your State Registry Card? **YES** **NO**

4. DO YOU HAVE Experience working as a Nursing Assistant/Home Health Aide?  
**YES** **NO**

IF **YES**, SPECIFY what type of people you worked with and for how long:

5. WHY are you interested in working in this field?

6. SOME POSITIONS with Our Way, Inc. require working 24-hour periods, including overnights. Would you like to be considered for these positions?

**YES** **NO**

7. DO YOU CURRENTLY hold a valid drivers' license? **YES** **NO**

STATE: \_\_\_\_\_ LICENSE # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*