

Employment History

Name of Current Employer: _____ **Weekly Pay/Annual Income:** _____

Dates of Employment: Begin Date: _____ Termination Date: _____

Job Duties: _____

Reason for Leaving: _____

Did alcohol or drug use ever contribute to ...? (Put a checkmark next to all that ever applied)

<input type="checkbox"/>	Being absent from work	<input type="checkbox"/>	Being late to work or left work early
<input type="checkbox"/>	Being terminated or asked to leave	<input type="checkbox"/>	Disciplinary action of any kind
<input type="checkbox"/>	Being less friendly or social at work	<input type="checkbox"/>	Being less productive or successful
<input type="checkbox"/>	Any other impact (please explain): _____		

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