Name_____

Date_____

TECHNICIAN QUESTIONNAIRE

1. What would your past employers say about your dependability and reliability?

2. Do you have any reason to have high absenteeism for work?

3. What would your past employers say about your initiative and your ability to learn?

4. Tell us about your past experiences with: Surgery, IV catheter placement, Dentals, and restraint.

5. Have you had any experience with bloodwork machines or taking x-rays? If so Please list details.

6. In case of emergencies, do you have any illnesses or physical problems that we need to be aware of? i.e. diabetes, bad back, pregnancy, asthma, or allergic to any medications? Do you have a person to contact in case of an emergency?