



Employment First Ambassador Story

Name:

Age:

Disability:

Current Job:

- 1) **When you were in school, what type of job did you think you were going to have?**
- 2) **What different kinds of jobs have you had since high school?**
- 3) **What do you do at your current job(s)?**
- 4) **What do you like about your job(s)?**
- 5) **How did you get your current job(s)?**
- 6) **How many hours a week do you work?**
- 7) **How do you get to work?**
- 8) **Who helps you at work?**
- 9) **What are your current employment goals?**
- 10) **Why is it so important for you and other people with disabilities to have jobs in the community?**