

CRITICAL INCIDENT STRESS MANAGEMENT
TEAM
CANDIDATE QUESTIONNAIRE

NAME: DATE:

EMPLOYER: OCCUPATION:

WORK PHONE: HOME PHONE:

CELL PHONE:

HOME ADDRESS:

CITY: STATE: ZIP CODE:

MILITARY EXPERIENCE:

.....

.....

.....

RELEVANT EXPERIENCES, BOTH OCCUPATIONAL AND NON-OCCUPATIONAL:

.....

.....

.....

.....

WHAT ASSETS/QUALITIES DO YOU POSSESS THAT WOULD BE BENEFICIAL TO THE CISM
TEAM?

.....

.....

.....

.....

