



CAREER COUNSELING Registration FORM

First Name: _____ Last Name : _____

Home Phone: _____ Cell Phone : _____

Address: _____ City, State, Zip : _____

Email: _____ Date of Birth : _____

Primary Language: _____ Marital Status : _____

Highest level of education completed : (circle one) High School GED Vocational Training Some College

Associate's Degree Bachelor's Degree Master's Degree J.D. Ph.D.'

Do you pursue higher education : - area of interest , preferred location of study _____

Employment Status: (circle all that apply)

Full-Time Part-Time Temporary Student Volunteer Unemployed

Current or most recent job title and employer: _____

Years in current or most recent position: _____ Years of longest continuous employment: _____

What is the reason(s) for leaving your job/engaging in a job search? _____

What are your top three industries/job titles of interest? _____

Type of employment seeking: (circle all that apply) F/T P/T Shift Work Temp Contract Volunteer

Do you need employer benefits (insurance, retirement, etc.)? Yes No

Preferred work location(s):

What is your computer skill level? (circle one) None Beginner Intermediate Proficient

Do you have a criminal record? Yes No