

CAREER CENTER CLIENT INTAKE FORM

DATE _____

NAME _____

ADDRESS _____

HOME PHONE (____) _____ CELL PHONE (____) _____

EMAIL ADDRESS _____

Which is the best way to contact you? Home Phone Cell Phone Email

ARE YOU CURRENTLY EMPLOYED? Yes No

If you are employed, what is your occupation? _____

Do you want to stay in this occupation? Yes No

HIGHEST LEVEL OF EDUCATION COMPLETED:

HS/Equivalency Diploma Associate Degree Bachelor's Degree Graduate Degree

Degrees and Areas of Study (If Applicable) _____

DO YOU HAVE ANY ADDITIONAL FORMAL JOB TRAINING or SPECIALIZED SKILLS? PLEASE EXPLAIN.

PLEASE USE THE SPACE BELOW TO EXPLAIN WHAT YOU NEED HELP WITH, FOR EXAMPLE, RESUME WRITING, JOB INTERVIEWING, CHOOSING A CAREER, CHANGING CAREERS, EVERYTHING, ETC.

IF YOU ARE THINKING ABOUT CHANGING CAREERS, IS THERE A PARTICULAR OCCUPATION YOU ARE CONSIDERING?

Yes No

IF YOU ANSWERED YES, PLEASE INDICATE ALL OCCUPATIONS YOU ARE CONSIDERING.