Career Counseling Consultation Form

The person stated below has expressed an interest in meeting with a career counselor:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Birth Date: Month/Day/Year</th>
</tr>
</thead>
</table>

Sex:  □ Male  □ Female

Permanent Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Home Phone Number  Business Phone Number  E-Mail

EDUCATION:

<table>
<thead>
<tr>
<th>College</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degree/ Credits</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Training Institution</th>
<th>Dates Attended</th>
<th>Program</th>
<th>Certificate Received</th>
</tr>
</thead>
</table>

High School Attended  City/State__________

Diploma:  □ Y  □ N  GED:  □ Y  □ N  Date: ________________  Month/Year

*Please note that if requested, you may be asked to provide transcripts or copies of the diplomas or certificates earned.

WORK EXPERIENCE: (List the most recent first)

<table>
<thead>
<tr>
<th>Company</th>
<th>Dates Employed (M/Y)</th>
<th>Title / Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
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</tbody>
</table>

What services are you interested in obtaining

□ Resume critiquing  □ Interviewing
Cover letter review
Salary negotiation
Developing effective job search approach
Networking
Career exploration
Career Changing
Other: ___________________________
Career Assessment: ________________ (Additional fees apply)

Comments section
Are there any special circumstances or additional information you would like to share with us?
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
How did they hear about us? ________________________________

Appointment: ________________________________
Date: ________________________________
Time: ________________________________

Staff Initials: ________________________________ Date: ________________________________

Career Counselor Signature: ________________________________ Date: ________________________________
Notes:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Follow Up: ________________________________