

CAREER COUNSELING INTAKE FORM

Note: Please bring a copy of your most recent resume to your appointment!

Demographic Information:

Name:	Date:
Date of Birth:	Relationship Status:
Home/Mobile Phone:	Is it ok to leave a message for you at this number? Y / N
Work Phone:	Is it ok to leave a message for you at this number? Y / N
Email:	Is it ok to email you? Y / N
Mailing Address:	
Current occupational status: (i.e., F/T, P/T, self-employed, student, returning to work):	
Emergency Contact Name:	Emergency Contact Phone:
Emergency Contact Relationship:	
How were you referred?	If online, which website?

Education/Training:

Briefly list the highest level of formal education you have obtained and any other relevant education, certifications, or specialized training:

Employment Information:

1. Current job title/employer:
2. Years in current position:
3. Are you having any difficulties/stressors in your current job? If so, please briefly describe those difficulties.

Career Information (please use as much room as needed):

1. Why are you seeking career counseling?
2. What do you hope to accomplish from career counseling?
3. What are your current career goals? (Even if you are very uncertain, just fill in any thoughts that you might have.)
4. What are the skill requirements for your next job (the job you are seeking or would like to pursue)?
5. If you could do anything you wanted, what would it be?
6. Which 3-5 of these values is most important to you regarding your work?

<input type="checkbox"/> Achievement	<input type="checkbox"/> Environment	<input type="checkbox"/> Leadership	<input type="checkbox"/> Stability	<input type="checkbox"/> Enjoyment
<input type="checkbox"/> Creativity	<input type="checkbox"/> Money	<input type="checkbox"/> Moral Fulfillment	<input type="checkbox"/> Security	<input type="checkbox"/> Competition
<input type="checkbox"/> Helping others	<input type="checkbox"/> Status/recognition	<input type="checkbox"/> Intellectual Stimulation	<input type="checkbox"/> Variety	<input type="checkbox"/> Challenge/adventure
<input type="checkbox"/> Helping society	<input type="checkbox"/> Free time/leisure	<input type="checkbox"/> Self-Direction	<input type="checkbox"/> Authority	<input type="checkbox"/> Independence

7. What kinds of barriers could get in the way of meeting your career goals?