

Appointment Date: _____
(To be scheduled by staff)

Chester County Operations *Career Counseling Interest Form*

Name: _____ Date: _____

Male: _____ Female: _____ Age: _____

Address: _____

Telephone #: _____ Student ID # _____
(or social security #)

Email Address: _____

Previous work experience: _____

What would you like to accomplish through career counseling? Check all that apply:

- Choose a major
- Find direction and focus
- Learn how to make appropriate career choices
- Learn how to access and use career information (types of jobs, salary, education)
- Retrain for a new career
- Discuss life issues that influence my career decisions
- Other: _____

Education completed: _____

List all of the occupations you are considering right now: _____
