**Career Counseling Intake Form**

**Personal Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Birth: */*/\_\_\_\_\_**
* **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic and Career Background**

* **Current Education Level: ☐ High School ☐ College ☐ Graduate**
* **Are you currently employed? ☐ Yes ☐ No**
* **Current Job Title (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Areas of Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Counseling Preferences**

* **What type of career counseling are you seeking?  
  ☐ Career Exploration  
  ☐ Resume & Interview Guidance  
  ☐ Job Search Assistance  
  ☐ Skill Development**
* **Preferred Appointment Date: */*/\_\_\_\_\_**
* **Time: \_\_\_\_\_\_\_\_\_\_**
* **Counselor Preference: ☐ Male ☐ Female ☐ No Preference**

**Additional Comments**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: */*/\_\_\_\_\_**