

J.F. Drake State Community and Technical College

Student Career Services

Registration Form
2016-2017

D#: _____ Advisor: _____

Student's Name:

Last: _____ First: _____ MI: _____

Address:

Street Address _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Work: _____

Date of Birth: _____ **Age:** _____ **Gender:** Male Female

Email: _____ **Career Choice:** _____

Division:

Concentration: _____

- | | |
|---|---|
| <input type="radio"/> Engineering Technologies | <input type="radio"/> Business & Information Technologies |
| <input type="radio"/> Manufacturing & Applied Technologies | <input type="radio"/> Health Science Technologies |
| <input type="radio"/> Salon Management Technologies & Hospitality Services Technology | |

Needs Analysis

Please select each need Career Services can assist you with.

I need assistance with the following career areas:

- | | | |
|--|--|--|
| <input type="checkbox"/> Resume Writing | <input type="checkbox"/> Interviewing Skills | <input type="checkbox"/> Workplace Preparation |
| <input type="checkbox"/> Career Counseling/Placement | <input type="checkbox"/> Completing Job Applications | <input type="checkbox"/> Other _____ |

Signatures

Student _____ Date: _____

Career Placement Coordinator _____ Date: _____