

Career Services - Update Form E		Campus:	
Name:	DSI:	Grad Date:	
Degree:	Issue Date:	Reissue Date:	

To provide the best possible employment services, we need to remain updated on your job search efforts and employment situation. Please complete the form below, including the best times to contact you (day and evening), sign and date it at the bottom and return it in the postage paid envelope. Thank you!

Please check all that apply and fill out any current employment information.

ARE YOU EMPLOYED?

<input type="checkbox"/>	I am employed full-time in my degree field	<input type="checkbox"/>	I am employed part-time in my degree field
<input type="checkbox"/>	I am employed full-time outside of my degree field	<input type="checkbox"/>	I am employed part-time outside of my degree field
<input type="checkbox"/>	I have two part-time jobs in my degree field	<input type="checkbox"/>	I have two part-time jobs both outside my degree field
<input type="checkbox"/>	I am not employed		

DO YOU STILL REQUIRE ASSISTANCE FROM THE CAREER SERVICES DEPARTMENT?

<input type="checkbox"/>	I am employed and I would like to access job leads on Interfase, but do not want the Career Services staff to contact me every two weeks, nor to refer my resume to employers.
<input type="checkbox"/>	I am not employed, but I do not wish to take advantage of the Career Services office at this time.
<input type="checkbox"/>	I am choosing to remain with my current employer and will not require assistance from Career Services at this time.
<input type="checkbox"/>	I am still seeking employment. Please continue to assist me.

CURRENT EMPLOYMENT

Company Name:		Accept Date:	
Address:		# of hours/week:	
City/State/Zip: (Postal)		Work Phone:	
Contact/Supervisor's Name:		Contact/Supervisor's Email Address:	
Job Title:			
Job Duties:	1:	2:	
	3:	4:	
The position is expected to last at least 60 days:		Yes	No
Base Salary: \$	Company Car:	Yes	No
Other Guaranteed Income (i.e. Bonus/commission, car allowance, non-reimbursable per diem):			

YOUR INFORMATION

Graduate's Signature:		Date:	
Address:			
City/State/Zip: (Postal)			
Email:			
Day Phone:		Evening Phone:	
Best time to contact you:			
I'm interested in returning to campus as a guest speaker:	Yes	No	

ELECTRONIC SIGNATURES

Your name and the date should be entered below. Please enter an "X" in the box titled Electronic Signature. The "X" will serve as your electronic signature.

Students Name (Print):		Date:	
Electronic Signature:			

For office use only:

Status Code:		Source of Info:		Source of Lead:	
--------------	--	-----------------	--	-----------------	--