



CAREER SUCCESS QUESTIONNAIRE

Name: _____ Date: ____/____/____ Last 4 SSN: _____

Phone: _____ Email: _____

1. How can we be of service to you? Please select and rank according to those services most important to you and we will work together on these first! (Rank 1 being most important, then 2, 3, etc.)

- My Resume/Cover Letter
- Finding Employment
- Finding Ex-Offender Services
- Finding Disability Services
- Preparing for an Interview
- Career Planning for the Future
- Improving My English Skills
- Receiving Veteran's Services/Info on Benefits
- Measuring/Improving My Skills in Excel, Word, Outlook, or PowerPoint
- Info on Education and Training Opportunities (Real World and/or On-Line)
- Learning About Computers and/or Improving My Computer Skills
- Finding Services for Young Members of My Family
- Finding Services for Seniors in My Family
- Finding Emergency Services (Housing, Food, Clothing, Mental Health etc.)
- Finding a Federal, State or Local Government Job

2. What job could you do today? (short-term goal, less than a year) _____

3. What job could you do 3 to 5 years from now? (long-term goal) _____

4. Most Recent Employer: _____ Job Title: _____ Years on Job: _____

Last Date Worked: _____ Most Recent Salary: _____

5. Fully Registered in Employ Florida? No _____ Yes _____

Permission to Create and/or Update an Employ Florida Registration/Profile

CareerSource Citrus Levy Marion (CSCLM) uses the **Employ Florida** jobs database to match job candidates with available and open job vacancies. Please check "Yes" and sign below to grant CSCLM permission to either create a new registration in Employ Florida for you or to update and bring current an existing one. If you decline permission, please check "No."

Yes No Job Candidate Signature: _____ Date: ____/____/____

<i>For Resource Room Use:</i>	
Complete Employ Florida:	
a. Profile (General Information)	Verified _____
b. Background	Verified _____
c. Resume	Verified _____
Veteran Priority of Service <i>(Veteran and/or spouse) 189 Activity/Case Note</i>	Completed: _____
Determine eligibility DVOP Services	Verified: _____
Appointment and Activity/Case Note completed	Initials: _____