



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 check all that apply, fill out any current employment information, sign and date it at the bottom and return it in the postage paid envelope.** Thank you!

ARE YOU EMPLOYED? PLEASE CHECK ALL THAT APPLY

<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 have two part-time jobs in my degree field	<input type="checkbox"/>	I am employed part-time in my degree field and am seeking a full-time opportunity only with my current employer
<input type="checkbox"/>	I am employed outside of my degree field	<input type="checkbox"/>	I am not employed
<input type="checkbox"/>	I am self-employed (Must provide documentation)		

DO YOU STILL REQUIRE ASSISTANCE FROM THE CAREER SERVICES DEPARTMENT? PLEASE CHECK ONE

<input type="checkbox"/>	I am employed and I would like to access job leads on HireDeVry, but do not want the Career Services staff to contact me every two weeks or refer my résumé 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:		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 90 days:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Position is: (please choose 1)		<input type="checkbox"/> Temporary <input type="checkbox"/> Temporary to Permanent	<input type="checkbox"/> Permanent
Base Salary: \$ _____ Company Car: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Guaranteed Income: _____			
Freelance/Self-Employed Documentation:		1. _____	2. _____

YOUR INFORMATION

Graduate's Signature:		Date:	
Address:			
City/State/Zip:			
Email:			
Day Phone:		Evening Phone:	
I'm interested in returning to campus as a guest speaker:			<input type="checkbox"/> Yes <input type="checkbox"/> 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:	_____
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