



Career Path Form

Date: _____

Student Name: _____ Student ID#: _____

Education Plan:

Short Term: _____

Long Term: _____

Target Start Date: _____ Target End Date: _____

Revisions/Comments to the Education Plan:

Career Goals

What are your career Goals – Short-term and long-term?

How important is income to you? So you have a minimum salary or salary range?

Job Security and Benefits: How important are these to you? Are you willing to take risks with a small company or do you prefer and established, large corporation? What benefits are important to you – i.e. health insurance, life insurance, paid vacation, a retirement plan, etc? How does your personal life impact your work schedule (children or other responsibilities)?

Location Considerations: Are you willing/able to relocate for a job? Are you willing/able to work in an urban area or in a different state? Are you willing/able to commute for a job? How far?

Employment

Employer Name _____

Location _____

Date of Employment _____

Job Title _____

Salary _____

Comments:

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