

CONFIDENTIAL

Please print or write legibly in ink  
or type on separate pages. Thank you.

PERSONAL REVIEW

A Questionnaire  
for use in  
Career Development and Planning

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Date \_\_\_\_\_

Return to:

**MINISTRY DEVELOPMENT SERVICES**

6100 Sardis Road Charlotte, NC 28270

(704) 554-9222 Phone

(704) 307-4607 Fax

Email: [kathy.hudspeth@presbyspsych.org](mailto:kathy.hudspeth@presbyspsych.org)

[www.MinistryDS.org](http://www.MinistryDS.org)

## GENERAL INSTRUCTIONS

The focus of this questionnaire is on significant and relevant information about you which is important in career planning. You are asked to answer each part carefully and completely. It will help you, and the counselor who will be working with you, understand more clearly the significant aspects of your life as they relate to occupational decision-making.

Please write legibly or type your responses. Attach additional sheets, if needed.

### PART I - BIOGRAPHICAL DATA

1. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_
2. Sex \_\_\_\_\_ Marital status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
Separated \_\_\_\_\_ If married, date of marriage \_\_\_\_\_ Race/Ethnic \_\_\_\_\_
3. Date of Certification, Licensure, Ordination, etc. (if applicable) \_\_\_\_\_
4. Religious affiliation \_\_\_\_\_  
Name of congregation/church of which you are a member \_\_\_\_\_  
City, state \_\_\_\_\_
5. Present position \_\_\_\_\_
6. Father's occupation \_\_\_\_\_ Level of Education \_\_\_\_\_  
Mother's occupation \_\_\_\_\_ Level of Education \_\_\_\_\_
7. Mother: Living \_\_\_\_\_ Father: Living \_\_\_\_\_  
Deceased \_\_\_\_\_ Deceased \_\_\_\_\_
8. If married, name of spouse \_\_\_\_\_  
Occupation \_\_\_\_\_ Level of Education \_\_\_\_\_  
Ages of Children: Males \_\_\_\_\_ Females \_\_\_\_\_  
(if applicable) \_\_\_\_\_
9. List your brothers (B) and sisters (S) chronologically, beginning with the oldest and indicating yourself (SF). If any are deceased, place (D) after their age at time of death.

B, S, SF

AGE

OCCUPATION

PART II - FINANCIAL DATA

10. Present income:

Cash salary \_\_\_\_\_ Allowances \_\_\_\_\_

Honoraria (Est.) \_\_\_\_\_ Other \_\_\_\_\_

TOTAL \_\_\_\_\_

Is a house provided? \_\_\_\_\_

If married, does your spouse earn income? \_\_\_\_\_ If so, how much? \_\_\_\_\_

As best you can, please estimate your income needs

Now \_\_\_\_\_

In 5 years \_\_\_\_\_

In 10 years \_\_\_\_\_

PART III - EMPLOYMENT HISTORY

11. Please list all income producing experiences since high school, starting with the first and concluding with your present position. Attach a resume, if available.

Dates	Employer	Duties	Remuneration

## PART IV - EDUCATIONAL HISTORY

12. Please list all educational experiences since high school in which you were involved in a degree program, whether you received the degree or not.

Dates	Institution	Major	Degree Received	Average grade

13. Please list significant Continuing Education experiences since college.

Dates	Institution or Setting	Emphasis

## PART V - EVALUATION OF OCCUPATIONAL EXPERIENCE

14. What are some of the most important factors that you feel shaped your career? Include influential people, experiences, goals, expectations, etc.
  
15. Please describe your present employment situation.
  
16. What are your ultimate personal and career goals or objectives?
  
17. What are the most important factors of your background, personal attributes, or assets to help you achieve these goals?

18. In what ways would you like to see your career offer more personal satisfaction in the future than it has in the past?

19. In which areas of your work do you feel you perform best?

20. What other roles or types of work have you considered or would you consider? Why?

21. What skills or attributes would you like to develop to a greater degree?

22. As you reflect on your responses to the previous question, what thoughts, feelings, or questions come to mind?

23. What goals and expectations do you have for your visit to the Center?

24. How did you come to CPCS? (Referral by minister, counselor, friend, relative, yellow pages, etc.) Please give name of the party who referred you, if any.

25. Please estimate the time spent thinking about and answering this questionnaire.

Policies of the Charlotte Center of the Career and Personal Counseling Service are guided by the ethical codes of the American Association of Counseling and Development. This means that all information is confidential and will not be disclosed to anyone without the client's written permission. Client records will be kept on file and are accessible to the client upon request and after identification is verified.

Have you received previous counseling from a counselor, therapist, or minister, or consulted any other career counselor?      Yes \_\_\_\_\_      No \_\_\_\_\_      If yes, please describe briefly:

In order to serve you best, we request your permission to exchange information with the primary person who has counseled you. Please complete and return the following consent form.

CONSENT FORM

MINISTRY DEVELOPMENT SERVICES

6100 Sardis Road
Charlotte, NC 28270
(704) 554-9222 Phone (704) 307-4607 Fax
Email: kathy.hudspeth@presbyspsych.org
www.MinistryDS.org

I hereby authorize (counselor) \_\_\_\_\_ to release specified information in my client record to MINISTRY DEVELOPMENT SERVICES of PSCC.

This shall include (nature and extent of data) \_\_\_\_\_

Specified purpose \_\_\_\_\_

This consent shall be valid for (length of time up to one year) \_\_\_\_\_

Other information \_\_\_\_\_.

\* \* \* \* \*

I hereby authorize MINISTRY DEVELOPMENT SERVICES of PSCC to release specified information in my client file to (counselor) \_\_\_\_\_.

This shall include (nature and extent of data) \_\_\_\_\_

Specified purpose \_\_\_\_\_

This consent shall be valid for (length of time up to one year) \_\_\_\_\_.

Other information \_\_\_\_\_.

I understand the contents to be released, the need for information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled. I further understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

Signature of Client \_\_\_\_\_

Counselor named above \_\_\_\_\_

Address of Client \_\_\_\_\_

Address of Counselor \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_