

ON - CAMPUS RECRUITMENT REGISTRATION FORM
(To be submitted at a workshop)

LAST NAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>	SEX:	M <input type="radio"/> F <input type="radio"/>
DATE OF GRADUATION:	<input type="radio"/> 09/ 2012 <input type="radio"/> 01/ 2013 <input type="radio"/> 06/ 2013 <input type="radio"/> 09/ 2013			DATE OF BIRTH:	<input type="text"/>
ADDRESS:	<input type="text"/>				
CITY:	<input type="text"/>	STATE:	<input type="text"/>	ZIP:	<input type="text"/>
PHONE NUMBER:	<input type="text"/>	WORK:	<input type="text"/>	E-MAIL:	<input type="text"/>
MAJOR:	<input type="text"/>	MINOR:	<input type="text"/>	BACHELORS:	<input type="text"/>
				MASTERS:	<input type="text"/>
Are you an evening student? Yes <input type="radio"/> No <input type="radio"/>					

Please check the workshops you have attended conducted by the Office of Career Development & Internships

Orientation on Recruitment & Placement:	Yes <input type="radio"/>	No <input type="radio"/>	
Resume Preparation Workshop:	Yes <input type="radio"/>	No <input type="radio"/>	
Interviewing Workshop:	Yes <input type="radio"/>	No <input type="radio"/>	
Video Presentation Workshop:	Yes <input type="radio"/>	No <input type="radio"/>	
Have you seen a counselor here at the Office of Career Development & Internships:	Yes <input type="radio"/>	No <input type="radio"/>	
NUMBER OF RESUMES SUBMITTED:	<input type="text"/>	DATE:	<input type="text"/>

The Office of Career Development & Internships has my permission to send my resume by mail and electronically, and when necessary forward my transcripts to prospective employers for on-campus and off-campus interviews. I understand the Guidelines for Recruitment, and I also understand that submitting my resume with the Office does not necessarily guarantee job interviews or employment.

Canceling an interview on the day of the employer visit may only be done in the event of illness or other extreme emergencies. If I cancel an interview less than 2 days before the employer visit, I will send a letter of apology to the recruiter immediately with a copy to the Director of The Office of Career Development and Internships.

SIGNATURE: _____

DATE: _____

Registered for internships at the Office.

PRINT AND SUBMIT AT WORKSHOP