

# IT Coaching and Mentoring Services

## *Initial Questionnaire*

Please fill out the detail questionnaire to help us better serve you.  
(Please Print Clearly, In BLOCK Letters)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Local Branch: \_\_\_\_\_ Member Code: \_\_\_\_\_

1 – Define your job expectation.

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2 – What is your ideal job title that you are looking for?

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3 – What is your maximum salary range?

\$ \_\_\_\_\_ .00 / Hour (If on contract and hourly basis)

\$ \_\_\_\_\_ .00 / Year (If full-time/part-time)

4 – What is your required location preference?

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5 – Your job profession from back home (Please select all that apply):

- |  |   |                                      |   |                                   |
|--|---|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Accounting      | <input type="checkbox"/> Administration         | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Arts             | <input type="checkbox"/> Business |
| <input type="checkbox"/> Design          | <input type="checkbox"/> Economics              | <input type="checkbox"/> Engineering | <input type="checkbox"/> Entrepreneurship |                                   |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> I.T                    | <input type="checkbox"/> Law         | <input type="checkbox"/> Medicine         |                                   |
| <input type="checkbox"/> Teaching        | <input type="checkbox"/> Other (specify): _____ |                                      |   |                                   |

6 – Any services & industry experience that you may have:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(YYYY / MM / DD)

### **For office use only:**

**Please bring the completed form to our office Amur-e-Amma in the Mission House.**

PROCESSED BY: \_\_\_\_\_ (First / Last Name)

PROCESSING DATE: \_\_\_\_\_

(YYYY / MM / DD)

(PROTECTED WHEN COMPLETED)