

CENTRAL CAROLINA TECHNICAL COLLEGE

Graduate Employment and Transfer Survey

College ID #: **C** _____

Date: _____

Name: _____
Last Name *First Name* *Middle Name* *Suffix-Jr., II, etc.*

Address: Street _____ City _____ State _____ Zip _____

Telephone: (____) ____-____ Personal Email Address: _____

I am getting a: ___ Degree ___ Certificate ___ Diploma Program of Study: _____

Employment Information:

Will you be employed upon graduation? ___ Yes ___ No ___ Don't Know ___ Not currently seeking employment

Are you currently employed? ___ Yes ___ No If **Yes**, is your employment related to your Program of Study? ___ Yes ___ No

Current Employment Information: Job/Title _____ Annual Salary (to nearest \$1,000) _____

Employer/Company _____ Supervisor _____

Employer Address _____
Street *City* *State* *Zip Code*

Who helped you get employment?

___ Central Carolina Technical College's Career Services Office ___ Faculty Member ___ Other ___ No One

Transfer Information:

Do you plan to further your education? ___ Yes ___ No ___ Don't Know

If yes, what college/university? _____

Major/Program of Study _____

All information on this form is correct.

Signature _____ Date _____/_____/_____
Month *Day* *Year*

If you would like assistance locating employment opportunities, contact Career Services at 803-778-7867.