



CAREER SERVICES REGISTRATION FORM Minnesota State College Southeast

MSCS is asking you to provide private information in order to process your Placement Registration Form. This information will be used to update your placement information. You are not legally required to provide this information; however, the college may not be able to effectively process your request if you do not provide sufficient information. Access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent: to other schools in which you seek or intend to enroll, or are enrolled; to federal, state or local officials for purposes of program compliance, audit or evaluation; as appropriate in connection with your application for, or receipt of, financial aid; if the information is sought with a court order or subpoena; or as otherwise permitted by other state or federal law.

1. **PERSONAL DATA AND CONTACT INFORMATION** Date _____

Name _____ Student ID _____

Address _____

City/State _____ Zip _____ Phone _____

Email Address _____

Major/Program _____ Graduation Date _____

2. Are you available for employment related to your training?

_____ Yes, I am available after _____ (date)

_____ No, I am unavailable because:

_____ I am going to continue my education at _____

_____ I prefer to obtain employment unrelated to my training

_____ I am unwilling/unable to relocate

_____ Other _____

_____ Already employed (Please complete reverse side of this form)

3. JOB OPPORTUNITIES

To view job opportunities our college receives from various employers, visit our website at www.southeastmn.edu/current_student/student_services/jobpostings.aspx.

4. IF YOU HAVE ACCEPTED EMPLOYMENT, PLEASE COMPLETE THE FOLLOWING:

Company Name _____ Date of Employment _____

Phone _____ Address _____

City/State _____ Zip _____

Is position **full-time** _____ or **part-time** _____

How related is this job to the program from which you are graduating? _____ Related

Job Title _____ _____ Somewhat Related

* Salary/Wage _____ Hour Week Month Year _____ Unrelated

*** NOTE: This salary information allows us to give prospective students and employers an idea of what our graduates are earning.**

THANK YOU!!

Student Signature _____ Date _____

RETURN THIS FORM BY EMAIL TO: ckottke@southeastmn.edu

If you have filled out the form by typing on screen, be sure to save it before you email it in.