



EAST TENNESSEE STATE UNIVERSITY
OFFICE OF HUMAN RESOURCES
Dual Career Assistance Program



The information requested will only be used for the purpose of providing assistance during your employment search and in no way is a commitment to utilizing the services provided through the Dual Career Assistance Program. Employment is not guaranteed nor is this program a placement or employment agency; however, the Dual Career Assistance Program will do everything possible to contribute to the success of dual career couples.

CONTACT INFORMATION

ETSU Employee Information

Name: _____
New Position Title: _____
Department/Office: _____
Employment Beginning Date: _____

Spouse/Partner Information:

Name: _____
Current Mailing Address: _____

Current Home Phone: _____ Current Work Phone: _____

Relocation Information (if available)

Local Address: _____

Local Home Phone: _____ Local Work Phone: _____

Estimated Date of Relocation: _____

EMPLOYMENT ASSISTANCE INFORMATION

What type of employment are you seeking? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> On-Campus Employment | <input type="checkbox"/> Academic (teaching, research, administrator) |
| <input type="checkbox"/> Off-Campus Employment | <input type="checkbox"/> Non-Academic |

What is your employment field of interest?

Do you have direct experience in this field?

Is there a specific job you will pursue? If yes, please identify the level of the position.

Will this be a career change, promotion, temporary position, or lateral move?

What type of employment assistance would you like to receive? (Please check all that apply)

- Basic entry level employment assistance**, such as résumé writing or interviewing skills.
- Workshops and classes** offered through the Employment Development Center located on campus.
- Information on employment opportunities** at ETSU in addition to other academic institutions in the surrounding areas.
- Listings of major area employers** (<http://www.etsu.edu/humanres/documents/DCAP-links.pdf>).
- Consultation** with the Director of Human Resources for review and suggestions for further assistance.
- Other** (Please specify) _____

AUTHORIZATION FOR RELEASE OF CONTACT INFORMATION

I do hereby authorize the Dual Career Assistance Program to disclose my name, address, and phone number to potential employers and other participants in this program for the purpose of assisting me during my search for employment in the local area. I understand that I may withdraw this consent at any time by notifying the office of Human Resources.

Signature: _____ Date: _____

*Dual Career Assistance Program * Office of Human Resources
Box 70564 * Johnson City, TN 37614-1707
(423) 439-5825 * FAX: (423) 439-5830*

*Thank you for completing this form. **Please attach a résumé/vitae** or any other information that may assist us in offering our services.*