

# OCCUPATIONAL ANALYSIS QUESTIONNAIRE

## Occupational Planning

Evaluation of where you are today  
to take practical steps to reach  
your goals for tomorrow

**Client's Name:**

**Thank you for choosing Career Direct!** This questionnaire will enable your Consultant to get to know you and gain an understanding of any background information that would affect your education plan decision making. Please answer thoughtfully and honestly as this insight will help your Consultant make the best recommendations for you. We hope that as you answer the questions below, you, too, will become more self aware.

1. Name:

2. Home Phone:  Mobile Phone:

3. Age:  Gender:

4. Marital status:  Single  Married  Widow(er)  Divorced  Remarried

5. List in chronological order all schools/university attended, beginning with high school

Name of School	City & Region	Attended From/To	Graduation Date	Degree Earned (ex. High School Diploma or B.S. Psychology)
<input type="text"/>				
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6. What is your basic reason/motivation for doing the CareerDIRECT GE<sup>®</sup> assessment?

7. Are you:  Currently working full time  Entering the workforce  Re-entering the workforce  
 Re-entering the workforce after time away, how long:   
 I plan to study, then enter the workforce  Other

8. What is your current or most recent occupational field? (ex. banking, non-profit, education, mechanic, etc.)

9. What are (were) your job responsibilities?

10. How did you get this job?

11. Why did you choose this occupation?

12. Please indicate on the following scale the level of your satisfaction at your current job.

**Absolutely  
Unsatisfied**



**Absolutely  
Satisfied**

13. What do (did) you like best about your job?

14. What do (did) you like least about your job?

15. How would your employer evaluate your job performance?

16. How would your fellow workers evaluate it?

17. Do you have any additional jobs? (Briefly describe)

18. Please list jobs or functions you performed in previous occupations at which you excelled.

19. If you could plan and develop your career over again, what would you do differently? Why?

20. What are your plans for the next five to ten years regarding your career?

21. If you are married, how does your spouse feel about your situation? What is his or her counsel?

22. Are you willing and able to relocate for the “right” opportunity?

23. Which of the following will affect your career decisions?

- Proximity to family    Access to education/training    Current financial condition    Effect on children  
 Other (briefly explain):

24. How would you describe your spiritual life? Are you walking daily with the Lord or are you struggling?

25. Are there any underlying, non-career issues that are causing you concern at this time?

26. How would such issues affect a career change or occupation decision?

27. How is your overall financial situation (i.e., gaining, just making ends meet, falling behind, or in debt and going under)? How much of your desire for a change in occupation is motivated by a desire to increase your income?

28. What are your strongest talents? (Briefly explain.)

29. What are your weak areas? (Briefly explain.)

30. What would be the criteria for your ideal job situation (i.e., what are the key elements you are looking for in a job)?

31. What job did you dream about when you were a child?

32. What is your hobby? What do you prefer doing in your free time?

33. What have you done or are you doing to prepare for a future occupation or career?

34. Would you need additional schooling/training to prepare for your ideal situation?

35. To meet your ideal career situation would you be willing to continue your education whether traditionally (college/tech school) or informally (certificate, etc.)?

36. Who are the primary persons with whom you discuss job, career, and schooling issues?

**Thank you for taking the time to complete this questionnaire.  
The information you have provided will remain strictly confidential.**