

**The Center for Career Development and Ministry**  
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Autobiographical Questionnaire  
For Individuals engaging in  
Career Development and Life Planning

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip  
Email \_\_\_\_\_

If possible, please use a computer or typewriter to answer the questions, particularly beginning on p. 5 to the end of the questionnaire. If you hand-write your answers, WRITE LEGIBLY in ink, not pencil. If you need additional space, attach additional sheets.

ILLEGIBLE HANDWRITING WILL NOT BE ACCEPTED

**Confidential**

All information in this Questionnaire will be treated with professional confidentiality.

**Center for Career Development and Ministry**

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**Dedham MA 02060**

**AUTOBIOGRAPHICAL QUESTIONNAIRE**

This is the first step in the process of thinking in a structured way about your life. Please answer each part of this questionnaire thoughtfully and completely. It is designed to help you, and the counselor who will be working with you, focus on the significant aspects of your life as they relate to various life experiences and planning for your future.

Please write legibly. If possible, use a typewriter or computer. Think your answers through carefully before writing them down.

This is not a test. There are no right or wrong or expected responses. This is designed to assist you in reviewing significant data about yourself, which will aid you in vocational planning.

Interpret the questions in such a way that your answers are relevant to your present work/life situation. After you have completed this questionnaire, you may choose to make a copy for your own files. This one will be retained in your file here at the Center.

## Part I - Biographical Data

1. Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

2. Place of Birth \_\_\_\_\_ Date of birth \_\_\_\_\_

3. Current address \_\_\_\_\_

Email address: \_\_\_\_\_

4. Relational status: single \_\_\_\_\_ engaged \_\_\_\_\_ married, first time \_\_\_\_\_ divorced \_\_\_\_\_  
 separated \_\_\_\_\_ widowed \_\_\_\_\_ remarried \_\_\_\_\_ partnered \_\_\_\_\_. If married, date of  
 marriage \_\_\_\_\_ Spouse/partner's name \_\_\_\_\_  
 If widowed, divorced, or remarried, dates of previous marriage(s): \_\_\_\_\_ to \_\_\_\_\_,  
 \_\_\_\_\_ to \_\_\_\_\_.

5. If you have children, list them by first name, date of birth, age, and gender:

Name	Date of birth	Age	Gender

6. List members of your primary family -- father (F), mother (M), brother (B), sister (S) –  
 chronologically, beginning with the oldest, including yourself (Sf). If any are deceased, place  
 (D) after their age at the time of death and the date of their death.

F, M, B, S, Sf	Age	Occupation	Educational Level



8. Continuing Education, internships, or events that have been meaningful and/or helpful:

Dates	Length of Event	Event Title, Sponsoring Institution or Agency (City/State)	Learning and/or Skills Improved

**Part III - Employment History**

16. List all full-job experiences and/or volunteer services from high school to the present. In the last column indicate your degree of satisfaction on a scale of 1 (low) to 6 (high).

Dates Mo/Yr	Employer	Highest Monthly Wage	Type of Work	Degree of Satisfaction

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9. Have you previously received career or vocational counseling? Yes \_\_\_ No \_\_\_

If yes, give dates and name of agency: \_\_\_\_\_

10. Previous or current counseling or psychotherapy (indicate which and dates):

Personal \_\_\_\_\_ Date/s: \_\_\_\_\_

Marriage/Family \_\_\_\_\_ Date/s: \_\_\_\_\_

Group \_\_\_\_\_; Date/s: \_\_\_\_\_

Reasons for entering counseling:

11. Describe your present job, including:

A. Duties and responsibilities

B. How do you **feel** about your job and your effectiveness in it?

C. What you most enjoy about your job?

D. Which of your skills and interests are not being used?

E. What would you most like to change about your job? (sources of displeasure, stress and boredom)

F. Your relationship to co-workers

G. Your relationship to supervisor or employer, vestry, or church council

H. Feedback you have received regarding your effectiveness

12. Describe your decision to enter your occupation, including such data as age, circumstance, influential people or experiences, etc.

13. What were your expectations as to role, reward, and opportunities??

14. How have your expectations been fulfilled and/or frustrated?

15. Do you get enough solitude? How do you occupy your solitary hours?

16. As you consider yourself as a person, what are five abilities, attributes or characteristics **you** feel are your best assets?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

17. What other abilities, attributes of characteristics would you like to develop or change?

18. Going back as far in your life as you like, what other kinds of jobs have you fantasized about doing?

19. What is the most important lesson you have learned to date?

## Part IV – Relationships

20. Describe your relationship to your **Father** and your feelings about that relationship during:

A. Childhood (approximately ages birth to 12)

B. Adolescence (approximately ages 13-20)

C. Adulthood (approximately age 21 to present)

21. Describe your relationship to your **Mother** and your feelings about that relationship during:

A. Childhood (approximately ages birth through 12)

B. Adolescence (approximately ages 13-20)

C. Adulthood (approximately ages 21 to present)

22. Describe your relationship with significant others during childhood, adolescence and adulthood, including the present:

A. Brother(s) and sister(s)

B. Other adults living in the home

C. Friends

D. Other significant relationships

23. Describe how your friends feel about your work and career plans:

24. Describe your relationship to your fiancé/fiancée/spouse/partner and how s/he feels about your work and career plans. If divorced, describe relationship to ex-spouse.

25. If you are engaged, married or partnered, what is the level of his/her education and what career plans does s/he have?

26. If you have children, describe your parents child relations, the current status of the relationship, and any other relevant factors.

27. As you consider your career, what are your short-range goals?

28. As you consider your career, what are your long-range goals?

29. How might the Center help you at this time? Your answer to this question will be an important part of our preparation for your program. For this reason, you are asked to give it serious thought and to include such things as: specific issues with which you would like to deal, your feelings about your visit, unique situational aspects, what you hope to accomplish as a result of your visit, and any other thoughts regarding your coming to the Center.

30. Having completed this questionnaire, what stands out as most significant for you?

Any additional comment?

Please estimate the time you spent on this questionnaire \_\_\_\_\_