# CO_1C_BLACK_SLDcose customer preferences form

Customer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you comfortable with self-disclosure with potential employers? YES ☐ NO ☐

What are you comfortable discussing?

|  |  |
| --- | --- |
|  |  |

What are you uncomfortable discussing?

|  |  |
| --- | --- |
|  |  |

***Please note that we will not discuss information about your disability to an employer without your specific written permission regardless of your answer here)***

If you had your choice of any job, you would choose to work as a:

|  |
| --- |
|  |

This would be your choice because

|  |  |
| --- | --- |
|  |  |

Other jobs that currently interest you are

|  |  |
| --- | --- |
|  |  |

You want to work because

|  |  |
| --- | --- |
|  |  |

Your biggest fear about work is

|  |  |
| --- | --- |
|  |  |

You think it will be difficult because

|  |  |
| --- | --- |
|  |  |

Two things you think will help you when you go to work are

|  |  |
| --- | --- |
|  |  |