

# Future Fox Cities EMPLOYER PROFILE

*Connections start here.*



**FOX CITIES CHAMBER**  
CAREER EXPO

|  |  |
|--|--|
| Name of Organization                                 |  |
| Type of Business                                     |  |
| 3 Job Titles at your Organization                    | <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>   |
| Helpful School Courses                               |  |
| Majors Recruited<br>(Bachelor's degree level)        |  |
| Programs Recruited<br>(Associate degree level)       |  |
| Other Training or<br>Certifications Hired            |  |
| Main Career Clusters<br><i>Check all that apply.</i> | <input type="checkbox"/> Industrial, Manufacturing, Engineering<br><input type="checkbox"/> Human Services / Human Resources<br><input type="checkbox"/> Business, Marketing, Management<br><input type="checkbox"/> Health Sciences<br><input type="checkbox"/> Communications and Information Systems<br><input type="checkbox"/> Environmental and Agricultural Systems |
| Website  |  |

|   |   |
|---|---|
| <p><b>Career Based Learning Opportunities (CBL's)</b><br/> <i>Check all that apply.</i></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual Job Shadow</li> <li><input type="checkbox"/> Group Career Experience Days</li> <li><input type="checkbox"/> Group Company Tours</li> <li><input type="checkbox"/> Informational Interviews (email, phone)</li> <li><input type="checkbox"/> Classroom Presentations</li> <li><input type="checkbox"/> Internships</li> <li><input type="checkbox"/> Co-op</li> <li><input type="checkbox"/> Youth Apprenticeship</li> <li><input type="checkbox"/> Adult Apprenticeship</li> <li><input type="checkbox"/> Summer Employment</li> <li><input type="checkbox"/> Part-time Employment</li> <li><input type="checkbox"/> School-to-work</li> <li><input type="checkbox"/> Other _____</li> </ul> |
| <p><b>Age or grade needed to participate in CBL's</b></p>                                   |   |
| <p><b>CBL Contact Person's Information (Name, phone &amp; email)</b></p>                    |   |
| <p><b>Who should contact?</b></p>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Student</li> <li><input type="checkbox"/> Teacher</li> <li><input type="checkbox"/> Parent</li> </ul>   |