

Customer Service Certification Program Information Sheet

Name: _____ Department: _____ Telephone #: _____

Prior to our meeting on _____, I would appreciate your completing the following information. Please bring this completed form with you to the meeting.

1. My position title is _____.

2. A one to four sentence description of my job follows.

3. Customer service contacts: (Please answer "yes" or "no" to the following questions.)

- My job involves internal customer (Henrico County employees) contacts only. _____
- My job involves external customer (persons other than Henrico County employees) contacts only. _____
- My job involves both internal and external customer contacts. _____

4. My strengths as related to customer service are _____

5. My developmental needs as related to customer service are _____

6. The skills I would like to develop while I am involved in the Customer Service Certification Program are

Thank you for taking the time to complete the above information. I look forward to meeting with you.

Meeting Information:

Date: _____ Time: _____

Location: Henrico County Training Center, 7701 East Parham Road, Second Floor, Room 2018