New Jersey City University
Division of Academic Career Planning and Placement Office

Graduate Placement Office

P E R S O N A L D A T A F O R M

Last Name **First Name** **Social Security #**

Present Address **City, State** **Zip Code**

Permanent Address **City, State** **Zip Code**

( ) ( )

E-mail Address **Day Phone #** **Work Phone #**

E D U C A T I O N B A C K G R O U N D

College **Graduation**

Degree **Major** **Minor** **GPA**

College **Graduation**

Degree **Major** **Minor** **GPA**

Certification(s) (if any) **Honors**

Other Colleges attended (Please give dates)

Special Skills (foreign language, coaching ability, computer technology, etc.)

Computer Software

First Choice: **Second Choice:**

In what city, state, or section of the country do you wish to find employment?

First Choice: **Second Choice:**

If you plan to seek employment, what type of position are you seeking?

Yes ( ) No ( ) **United States: Yes ( ) No ( )** **Status:**

Driver's License **Citizenship**

College and Community Activities:

Language	Reading			Speaking			Understanding			Writing		
	Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair
1.												
2.												

Signature **Date**

08/01