



**Current Graduate Career Services  
Registration Form**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address after graduation \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Personal Email Address \_\_\_\_\_

Program Major \_\_\_\_\_ If in Nursing Program (check one):      PN      RN

**Please fill out the section that applies to you.**

**Employment**

Do you already know where you will be working when you graduate?      Yes      No

If yes, please share your information below.

Name of employer \_\_\_\_\_

City/State \_\_\_\_\_ Job Title \_\_\_\_\_

Is this job related to your training?      Yes      No      Beginning Salary (optional) \_\_\_\_\_

Full Time      Part Time      Starting Date of Employment \_\_\_\_\_

**Continuing Education**

Are you planning to continue your education after graduation? If so where?

Name of College \_\_\_\_\_ City/State \_\_\_\_\_

**Career Services Assistance**

Are you interested in receiving Career Services Assistance?      Yes      No

Services available for your use: receive job postings website ([www.collegecentral.com/ridgewater](http://www.collegecentral.com/ridgewater)), review of resume and cover letters, mock interviews, phone, fax, computer, and printer usage available.

**Permission for release of information**

I give the Career Services staff permission to release my contact information to prospective employers. (This does not include grades or instructor references.) If no, Career Services staff will NOT be able to release your contact information to employers when they call our office.

Yes      No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Print and sign when complete.**