NOAA FORM 56-40A
(09-92)

U.S. DEPARTMENT OF COMMERCE,
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

PERSONAL DATA RESUME
NOAA COMMISSIONED CORPS

PERSONAL DATA

NAME: LAST FIRST MIDDLE	SSN - -	BIRTH DATE MO DAY YEAR	U.S.CITIZEN
☐ MS ☐ MR			☐ YES ☐ NO

PRESENT ADDRESS	HOME PHONE - -	WORK PHONE - - EXT.

CITY	STATE	ZIP	Height	Weight	Color vision deficiency?

PERMANENT ADDRESS	Glasses prescribed? Yes No	Uncorrected vision L: 20/ R: 20/

CITY	STATE	ZIP	Date Available for Commissioning:	Any Physical Limitations:

COLLEGE INFORMATION

Name and Location of College(s) Attended	Dates From To	Degree Earned	Graduation Date	Courses Studied 1-Major 2-Minor	Grade Basis	Overall GPA	Major GPA
				1 2	A=		
				1 2	A=		
				1 2	A=		

Semester or Quarter Hours Earned in:	Calculus	Physics	Total Science and Engineering Hours =

College Honors, Professional Societies. Fraternities, and Activities:

EMPLOYMENT INFORMATION

Dates Employed From To	Name and Address of Employer(s)	Description of Work	Hours per Week

MILITARY

ROTC (Indicate branch of service, duration of service and obligation, and grade)

Previous Branch of Service	☐ USA ☐ USN ☐ USCG	From	To	Grade
☐ Active DUM ☐ Reservist ☐ NOAA	☐ USAF ☐ USMC USPHS			

Obligation   Specialty   Selective Service Class

I certify that all information provided in this resume is correct to the best of my knowledge.
SIGNATURE: DATE: