

Adult & Continuing Education

190 Hackensack Avenue, Adult Education Building, Hackensack, NJ 07601 • Tel. (201) 343-6000 ext. 2288/2289 • Fax (201) 996-6961

PLEASE PRINT CLEARLY

NAME:		,,			
NAME:Last		First			Middle Initial
HOME ADDRESS:	Street				
	Street	City		State	Zip
TELEPHONE:	CELL	:			
SOCIAL SECURITY #:		EMAIL:			
DRIVERS LICENSE: Y	ES 🗆 NO 🗆 LIC.#:		STATE:		_CDL: YES 🗆 NO
DATE OF BIRTH:	MARITAL ST	ATUS: Single Marri	ed Divorced/	Separated [□ Widow(er)
policy of the Bergen Coun	is required by the United States De ty Technical Schools District not to actices on the basis of race, color, no	discriminate in its educat	ional programs,		
	n □Black/African-American □His	panic/Latino □Asian □A	laskan/Pacific Is	slander □N	Native American
SEX: Male Female	Other 🗆				
In case of an emergency,	contact the following:				
Name:	Home Ph	one:	Cel	l:	
Are you living at home w	rith your parents (Yes or No)?				
ED	UCATION, TRAINING, MILIT	ARY HISTORY, WORK	EXPERIENC	E <u>E</u>	
High School, Secondary, GED/HSE				-	
	Name and Location	Dar	es Attended	Type o	of Diploma
Is this your 1st time atten	ding a degree/certificate program	Yes or No:	If <u>NO</u> please co	mplete the	following:
Post-Secondary, College/Univ., Technical Training	Name and Location	Da	tes Attended	Degre	ee or Cert.
5	200000	2			
	MII	LITARY			
Are you active (Y/N):	_ Discharge Date:/ Br	anch of Service:		U.S. or oth	er:

EMPLOYMENT HISTORY

Are you currently employed (Yes or	No)?	Full-ti	me/Part-Time		
Name of Employer	Start Date	End Date	Salary/Wages	Position	

Please refer to the Full-Time Day Progr	ram section of the	Bergen County	Technical Schools (BC)	TS) Adult &	
Continuing Education catalog, brochu	ire, or website for a	additional infori	mation about the full-time	training programs	
currently available. BCTS students are BCTS students also receive career cour					
workshops, and financial aid (if qualified		resung, Joo piac	cement services, interview	and resume preparation	
	•				
My first choice for job training:				_	
My second choice for job training:				-	
I hereby certify that the staten	nents made on this	application ar	e true and correct to the b	est of my knowledge.	
I understand that any misrepresentation	on or omission of p	pertinent facts i	s cause for rejection of m	y application or	
termination from BCTS Adult & Conti	inuing Education .	Full-time Day l	Program. I also authorize	the companies,	
schools or persons named herein to pro	ovide information	about me. If I	am enrolled, I hereby agr	ee to abide by all	
school policies and regulations. I also	understand that a	ecceptance into	any of the training progra	ıms depends upon the	
availability of the programs and the re	view and verificati	ion of all requir	ed documents by progran	ı administration.	
				•	
Signature			Date		
DO NOT WRITE B	ri ow this	INF FOD	OFFICIAL LIGE OF	NIT W	
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COMMENTS					
					
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