

EMPLOYMENT HISTORY

Are you currently employed (Yes or No)? _____ Full-time/Part-Time _____

| Name of Employer | Start Date | End Date | Salary/Wages | Position |
|------------------|------------|----------|--------------|----------|
| | | | | |

Please refer to the *Full-Time Day Program* section of the **Bergen County Technical Schools (BCTS) Adult & Continuing Education** catalog, brochure, or website for additional information about the full-time training programs currently available. BCTS students are provided with the finest training available at the most affordable tuition and fees. BCTS students also receive career counseling, vocational testing, job placement services, interview and resume preparation workshops, and financial aid (if qualified).

My first choice for job training: _____

My second choice for job training: _____

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that any misrepresentation or omission of pertinent facts is cause for rejection of my application or termination from BCTS Adult & Continuing Education Full-time Day Program. I also authorize the companies, schools or persons named herein to provide information about me. If I am enrolled, I hereby agree to abide by all school policies and regulations. I also understand that acceptance into any of the training programs depends upon the availability of the programs and the review and verification of all required documents by program administration.

Signature _____ Date _____

-----DO NOT WRITE BELOW THIS LINE—FOR OFFICIAL USE ONLY-----

COMMENTS
