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**BERGEN COUNTY TECHNICAL SCHOOLS / SPECIAL SERVICES**

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**Adult & Continuing Education**

190 Hackensack Avenue, Hackensack NJ 07601 • Tel. (201) 343-6000 X 2288

**NAME:** \_\_\_\_\_  
(Last Name / First Name / Middle Initial)

**HOME ADDRESS:** \_\_\_\_\_  
(Street / City / State / Zip Code)

**CELL PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DRIVERS LICENSE:** ☐ YES ☐ NO **LIC. #:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SEX:** ☐ Male ☐ Female

**MARITAL STATUS:** ☐ Single ☐ Married ☐ Divorced/Separated

Note: The United States Department of Health, Education and Welfare require ethnic information for Civil Rights. It is the policy of the Bergen County Technical Schools District not to discriminate in its educational programs, employment practices, or admission policies and practices on the basis of race, color national origin, sex or disability.

**RACE:** ☐ White/Caucasian ☐ African American ☐ Hispanic Asian ☐ Alaskan/Pacific Islander ☐ Native American ☐ Other: \_\_\_\_\_

**EMERGENCY CONTACT:** In case of emergency contact the following person:

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

**EDUCATION, TRAINING, MILITARY HISTORY, WORK EXPERIENCE**

**High School/HSE:** \_\_\_\_\_  
(Name and Location / Year of Graduation / Type of Diploma)

**Post-Secondary:** \_\_\_\_\_  
(College/Technical Trng.) (Name and Location / Year of Graduation / Type of Diploma)

**Military:** \_\_\_\_\_  
(Branch of Service / U.S.A. or other / Discharge Date)

## EMPLOYMENT

## 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, and interview and resume preparation workshops, and financial aid (if qualified).

Job training program you are applying for:

***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 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.***

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*Date*

----- DO NOT WRITE BELOW THIS LINE- FOR OFFICAL USE ONLY-----

## COMMENTS

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