



Bergen County Technical School Adult & Continuing Education

190 Hackensack Ave, Hackensack, NJ 07601

Tel. (201) 343-6000 ext. 2047/2288 • Fax (201) 996-6961

PLEASE PRINT CLEARLY

NAME: _____
Last First Middle Initial

HOME ADDRESS: _____
Street City State Zip

TELEPHONE: _____ CELL: _____

SOCIAL SECURITY #: _____ EMAIL: _____

DRIVERS LICENSE: YES ☐ NO ☐ LIC.#: _____ STATE: _____ CDL: YES ☐ NO ☐

DATE OF BIRTH: _____ MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced/Separated ☐ Widow(er)

Note: Ethnic information is required by the United States Department of Health, Education and Welfare 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 ☐ Black/African-American ☐ Hispanic/Latino ☐ Asian ☐ Alaskan/Pacific Islander ☐ Native America
☐ Other: _____

SEX: Male ☐ Female ☐ Other _____

In case of an emergency, contact the following:

Name: _____ Home Phone: _____ Cell: _____

Are you living at home with your parents (Yes or No)?

EDUCATION, TRAINING, MILITARY HISTORY, WORK EXPERIENCE

High School,
Secondary, GED/HSE _____
Name and Location Dates Attended Type of Diploma

Is this your 1st time attending a degree/certificate program Yes or No: If NO please complete the following:

Post-Secondary,
College/Univ., _____
Technical Training Name and Location Dates Attended Degree or Cert.

MILITARY

Are you active (Y/N): Discharge Date: __/__/____ Branch of Service: _____ U.S. or other: _____

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/or 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
