



PLEASE PRINT

ADULT EDUCATION PROGRAM APPLICATION

RETURN THIS APPLICATION TO:

BOCES ADULT EDUCATION # 45
500 Main St, Johnson City NY 13790
Or Email to adulted@btboces.org

Last Name First Name Middle Initial

ADDRESS/PHONE
Mailing Street Address Apartment/Lot # Mailing City Mailing State Mailing Zip Code
Residence Street Address (if different) Apartment/Lot # Residence City Residence State Residence Zip Code
Home Phone # Cell Phone # E-Mail Address (please print carefully)

JOB TRAINING PROGRAM REGISTRATION (CHOOSE ONE PROGRAM)
Semester (Circle one) Summer Fall Spring
[] CERTIFIED STERILE PROCESSING TECH [] CERTIFIED NURSE AIDE [] COSMO COMPLTION &/OR REFRESHER [] COSMETOLOGY [] OSHA - 10
[] 10 Month PRACTICAL NURSING [] PHLEBOTOMY [] RESIDENTIAL ELECTRICITY [] WELDING for MANUFACTURING
[] 20 Month PRACTICAL NURSING [] TEACHER AIDE 101 [] BUILDING MAINTENANCE [] WELDING For CONSTRUCTION

How did you hear about BOCES Adult Programs? Did you visit the BOCES Website for Information? Yes No
If yes, was the website helpful? Yes No

HOW DO YOU PLAN TO PAY FOR TRAINING?
[] SELF PAY [] SALLIE MAE SMART OPTION LOAN [] VETERAN GI BILL [] VETERAN SCHOOL DISTRICT FUNDING
[] EMPLOYER: COMPANY NAME [] OTHER Specify
[] ACCES VR (Counselor's Name) [] WORKFORCE NEW YORK (Counselor's Name)

DEMOGRAPHICS This information will not be used as selection criteria & will be treated as confidential.

Gender (check one) Birth Date Ethnic (check one)
() F () M () Asian () Black () Hawaiian () Hispanic () Native American () White

EDUCATION
[] High School Diploma Regents [] High School Diploma Non-Regents [] GED/TASC Certificate [] IEP Diploma
[] United States College Diploma [] Foreign High School Diploma [] Foreign College Degree [] No Diploma
[] College Degree: School Attended Degree Received
Additional Education: School Attended Diploma/Certificate/Degree Received:

To the best of my knowledge, the information provided on this form is accurate.

Signature: Date:

All Programs require assessment testing in either reading, math or both. Assessment tests will be scheduled after the beginning of the enrollment for each semester and receipt of this application.

Having a previous history of a misdemeanor or felony may affect your ability to become licensed or certified in Cosmetology and health careers or may affect employment opportunities after completion of these programs.

** Broome-Tioga BOCES does not discriminate - in employment, admission, or in the education programs and activities it operates - on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identity, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et. Seq. known as the Americans with Disabilities Act or section 504 of the Rehabilitation Act of 1973, New York Human Rights Law, and the Boy Scouts of America Equal Access Act of 2001. Anyone who believes BOCES or its staff has failed to apply or has inadequately applied the principles or regulations of (1) Title VII of the Civil Rights Act of 1964, (2) Title IX of the Education Amendment Act of 1972, (3) Section 504 of the Rehabilitation Act of 1973, (4) the Sexual Orientation Non-Discrimination Act of 2002, or any other relevant statute or regulation, may bring forward a complaint, called a grievance, to the district's compliance officer, the director of Human Resources, by contacting them at (607) 766-3823, or mailing to: Broome-Tioga BOCES, Attn. Human Resources Director/District Compliance Officer, 435 Glenwood Road, Binghamton N.Y. 13905 One can also file a grievance with the Office of Civil Rights:

Office for Civil Rights, New York Office U. S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005-2500. Telephone: (646) 428-3800 Facsimile: (646) 428-3843 Email: OCR.NewYork@ed.gov



PROGRAM OF PRACTICAL NURSING Application

**RETURN NO LATER THAN APRIL 1st WITH AN OFFICIAL
HIGH SCHOOL OR GED/TASC TRANSCRIPT TO:**

**Broome-Tioga BOCES
Practical Nursing Program – MC#45
500 Main Street
Johnson City, NY 13790**

Name: _____
Last First Middle

Maiden or Previously Used Name: _____

Home Address: _____
Street (include apartment number)

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: (needed for future communication): _____

Are you interested in: Full-Time Days _____ Part-Time Evenings/Weekends _____

Social Security Number: _____

Education: Have you attended any courses or schools since leaving high school?
Yes ___ No ___ If so, please list:

School: _____
(Name and Address)

Dates Attended: _____

Courses or Program Attended: _____

Diploma/Degree or Certificate Received: _____
(Use a separate sheet if you require more space)

Work Experience: Do you have any health care experience? (Check all that apply)

___ CNA ___ PCA ___ HHA ___ EMT ___ Other (Specify) _____

Please list your last three employers:

May we contact your employers? _____ Yes _____ No

If yes, please include a phone number and person to contact.

1. Name of Employer: _____
Address: _____
Phone # and Contact Name: _____
Dates Employed: _____ Type of Work: _____

2. Name of Employer: _____
Address: _____
Phone # and Contact Name: _____
Dates Employed: _____ Type of Work: _____

3. Name of Employer: _____
Address: _____
Phone # and Contact Name: _____
Dates Employed: _____ Type of Work: _____

To best of my knowledge, the information provided on this form is accurate.

Signature: _____ **Date:** _____

Having a previous history of a misdemeanor or felony may affect your ability to become licensed or certified in this field or may affect employment opportunities after completion of this program.

** Broome-Tioga BOCES does not discriminate - in employment, admission, or in the education programs and activities it operates - on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identity, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S. C. 12111 et. Seq. known as the Americans with Disabilities Act or section 504 of the Rehabilitation Act of 1973, New York Human Rights Law, and the Boy Scouts of America Equal Access Act of 2001.

Anyone who believes BOCES or its staff has failed to apply or has inadequately applied the principles or regulations of (1) Title VII of the Civil Rights Act of 1964, (2) Title IX of the Education Amendment Act of 1972, (3) Section 504 of the Rehabilitation Act of 1973, (4) the Sexual Orientation Non-Discrimination Act of 2002, or any other relevant statute or regulation, may bring forward a complaint, called a grievance, to the district's compliance officer, the director of Human Resources, by contacting (607) 766-3823, or mailing to: Broome-Tioga BOCES, Attn: Human Resources Director/District Compliance Officer, 435 Glenwood Road, Binghamton N.Y. 13905

One can also file a grievance with the Office of Civil Rights:
Office for Civil Rights,
New York Office
U. S. Department of Education
32 Old Slip, 26th Floor
New York, NY 10005-2500
Telephone: (646) 428-3800
Facsimile: (646) 428-3843
Email: OCR.NewYork@ed.gov