

**Middlesex County Vocational and Technical Schools  
ADULT INFORMATION FORM FOR CERTIFICATE PROGRAMS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

- East Brunswick Campus**
- Electrical Technology
- Manicuring
- Cosmetology

- Piscataway Campus**
- Heat, Ventilation & Air Conditioning
- Cosmetology
- Plumbing Technology
- Skin Care Specialist

\_\_\_\_\_  
County of Residence

**Education: Indicate high school and post-secondary education and training.**

- |    |                     |                       |                |                    |
|----|---------------------|-----------------------|----------------|--------------------|
| 1. | _____               | _____                 | <b>to</b>      | _____              |
|    | Name of High School | City, State           | Attended MM/YY | Year Graduated     |
| 2. | _____               | _____                 | <b>to</b>      | _____              |
|    | Name of School      | Name of Major/Program | Attended MM/YY | Certificate/Degree |
| 3. | _____               | _____                 | <b>to</b>      | _____              |
|    | Name of School      | Name of Major/Program | Attended MM/YY | Certificate/Degree |

**Employment Record: List last three employers, contact person, phone number, position and dates of employment.**

- |    |           |                             |              |          |           |
|----|-----------|-----------------------------|--------------|----------|-----------|
| 1. | _____     | _____                       | _____        | _____    | <b>To</b> |
|    | Firm Name | Immediate Supervisor's Name | Phone Number | Position | MM/YY     |
| 2. | _____     | _____                       | _____        | _____    | <b>To</b> |
|    | Firm Name | Immediate Supervisor's Name | Phone Number | Position | MM/YY     |
| 3. | _____     | _____                       | _____        | _____    | <b>To</b> |
|    | Firm Name | Immediate Supervisor's Name | Phone Number | Position | MM/YY     |

**References: Provide information of two persons, not relatives, who are familiar with your occupational experience.**

- |    |       |                 |              |
|----|-------|-----------------|--------------|
| 1. | _____ | _____           | _____        |
|    | Name  | Mailing Address | Phone Number |
| 2. | _____ | _____           | _____        |
|    | Name  | Mailing Address | Phone Number |

**Title of Highest Level of Math Class Taken in School:**

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**Statement of Non-Discrimination** State and federal statutes and regulations prohibit school districts from discriminatory practices in employment or vocational educational opportunities against any person by reason of race, color, creed, religion, sex, ancestry, national origin, age, English proficiency, sexual preference, marital status or veteran status. Further, state and federal protection is extended on account of disabilities, social or economic status, pregnancy, childbirth, pregnancy related disabilities, actual or potential parenthood, or family status and other applicable laws. Further information regarding these policies can be obtained from the 504 Compliance Officer, Mr. Francis Cap and/or the Affirmative Action Officer, Mr. Paul Munz. (Phone 732-257-3300).