



Mike Ehret, Principal
Eastern Monroe Career Center
& Multi-Occ/FOCUS Programs
And Adult Career Training

ADULT CAREER TRAINING ENROLLMENT APPLICATION

DATE:

Name: (Last, First):	
Date of Birth:	
Gender:	I identify my gender as:
Ethnicity: (check one)	☐ Hispanic ☐ Non-Hispanic (Must check one)
Race: (check all that apply)	☐ Asian ☐ Black ☐ Hawaiian ☐ Native Am ☐ White
Address:	
City/State/Zip	
Home Phone:	
Work Phone:	
Cell Phone:	
Email Address:	

EMERGENCY CONTACT INFORMATION

Name (Last, First):	
Relationship:	
Home Phone:	
Work Phone:	
Cell Phone:	
Email Address:	
Living with:	☐ Yes ☐ No If no, please give address below:

PROGRAM OF INTEREST

COURSE	LEVEL	SESSION	CHECK ONE
Auto Service	Advanced	AM	
Automated Machining	Advanced	AM	
Collision Repair	Advanced	AM	
Construction Trades	Advanced	AM	
Welding	Advanced	AM	
Name of EMCC Course:	Advanced	AM	



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Please indicate if you have the following conditions ☐ Allergies _____					
☐ Medical Alert:					
Payment Method:	ACCES-VR	Self-Pay (4 installments)	Veterans Outreach	RochesterWorks!	Other
Check One					

Do you have an ACCES-VR Counselor?

Counselor's name _____ Phone # _____

Do you have an IEP? Yes ☐ No ☐

Do you have a 504? Yes ☐ No ☐

Are you comfortable sharing a copy with us? Yes ☐ No ☐

If yes, please include it with your application.

Please include a copy of your driver's license or non-driver ID.

Have you ever been convicted of a felony or misdemeanor? Yes ☐ No ☐

If yes, please explain (date, location, nature of the act).

(A conviction record will not necessarily be an obstacle to training program acceptance depending on the conviction.)

Have you ever been charged as a sex offender? Yes ☐ No ☐

Please list your addresses for the past 5 years.

Month/Year (from) _____ to Month/Year _____ Street _____ City _____ Zip _____

Month/Year (from) _____ to Month/Year _____ Street _____ City _____ Zip _____

Month/Year (from) _____ to Month/Year _____ Street _____ City _____ Zip _____

Month/Year (from) _____ to Month/Year _____ Street _____ City _____ Zip _____

Month/Year (from) _____ to Month/Year _____ Street _____ City _____ Zip _____

QUALIFICATIONS: Please list all education or training, GED, High School, Colleges, Vocational or Technical programs, and military training.				
	School Name	Diploma/Degree	GED	Date
High School				
School				
Other				
A copy of the HS Diploma or Equivalency or College Diploma is mandatory. Please attach. Otherwise, the Test for Adult Basic Education (TABE) is a must-have prerequisite.				
SPECIAL SKILLS: List any special skills or experience that you feel would help you in the program that you are applying for.				



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REFERENCES: Please list three professional references not related to you, with full name, address, phone number, and relationship. If you do not have three professional references, then list personal, unrelated references.

Name	Address/City/State	Phone	Relationship

Previous Employment (begin with the most recent position)

Dates of Employment: Start: ___ / ___ / ___ End: ___ / ___ / ___ Position(s): _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Supervisor: _____

Responsibilities: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of Employment: Start: ___ / ___ / ___ End: ___ / ___ / ___ Position(s): _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Supervisor: _____

Responsibilities: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of Employment: Start: ___ / ___ / ___ End: ___ / ___ / ___ Position(s): _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Supervisor: _____

Responsibilities: _____

May we contact this employer for a reference? ☐ Yes ☐ No



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Release of Information

I, (name, please print) _____ grant permission for Adult Career Training at Monroe #1 BOCES to provide information regarding my program at BOCES; to agencies which fund my participation in the program; to all departments involved in my program at Monroe #1 BOCES; to prospective employers, for grades, attendance and/or evaluations; and (others including; Parents, Guardians, Relatives (please name) Spouse, or any individuals that you specify that are interested/involved parties.) _____.

Client Signature: _____ Date: _____

I certify that the answers given herein are true and complete to the best of my knowledge.

Signed: _____ DATE: _____

Please mail the entire Enrollment Application to:

Counseling Secretary
c/o EMCC
41 O'Connor Rd.
Fairport, NY 14450