

APPLICATION
CAREERS PROGRAM, Bay College
 Escanaba, MI 49829-2511

Name _____
 (Last) (First) (Middle)
 Address _____
 (Street) (City) (State) (Zip)
 E-mail _____
 SS # _____ Phone _____

Male Female Date of birth _____ Student ID _____

Education:

Name of High School, College or University	City, State	Major	Years Attended

References:

Name	Address	Occupation	Business Name

Employment Record:

From/To	Employer	Address	Nature of Work

Occupational training position desired: _____

Alternate choice: _____

What objectives to you hope to meet with the Careers Program?

____ Employment ____ Career Exploration ____ Work Experience

Other _____

When do you plan to enroll? ____ Fall ____ Winter ____ Spring ____ Summer

Have you completed a Bay College application? ____ Yes ____ No

CERTIFICATION: I certify that all information on this application is true and correct to the best of my ability.

 (Signature)

 (Date)

PLEASE COMPLETE OTHER SIDE

USE AUTHORIZATION:

I hereby grant permission to Bay de Noc Community College (Careers Program) to release copies/portions of any written statements, taped interviews, tests or transcripts as the director feels necessary.

(Signature)

Director's Comments: _____

ACT WorkKeys Scores:

_____ Applied Math
_____ Reading for Information
_____ Writing

It is the policy of Bay de Noc Community College board of trustees to assure the provisions of equal opportunity and equal access in educational acts. These provisions apply in all areas of employment, student services and instructional programs. Discrimination because of race, color, religion, sex, age, national origin, political affiliation, handicap, veteran or marital status is prohibited.

