



**Orleans/Niagara BOCES**  
**Adult and Continuing Education**  
 4124 Saunders Settlement Rd.  
 Sanborn, NY 14132

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

8th grade math and reading level is recommended. Testing and remediation are available.

**Class Preferences** Check all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Building Trades 8 AM - Noon, Niagara Falls | <input type="checkbox"/> Electricity 9 AM - 1 PM, Lockport     |
| <input type="checkbox"/> Welding 4 - 8 PM, Niagara Falls            | <input type="checkbox"/> Electricity, 5:30 - 9:30 PM, Lockport |
| <input type="checkbox"/> Machining 4 - 8 PM, Niagara Falls          | <input type="checkbox"/> HVAC 6 - 10 PM, Lockport              |
| <input type="checkbox"/> Auto Mechanics 4 - 8 PM, Sanborn           | <input type="checkbox"/> Blueprint Reading                     |

**Education**

Check the highest grade you completed:     9     10     11     12

Name of the last high school you attended: \_\_\_\_\_

High School Location: \_\_\_\_\_

Did you graduate?     Yes     No

If not, have you passed a GED or TASC test?     Yes     No

**Additional College or Trade School?**

College or Trade School Name	Degree / Certificate	Major Area of Study

**Work Experience** *List the last three positions held:*

	Employer	Position	City, State
1			
	<i>Why did you leave?</i>		
2			
	<i>Why did you leave?</i>		
3			
	<i>Why did you leave?</i>		

**So that we can facilitate, how are you planning to pay your tuition?** Check all that apply

Self-Pay
  ACCES-VR
  VA Benefits

Workforce Innovation and Opportunity Act (WIOA) grant

Other \_\_\_\_\_

**We might be ordering work pants and boots for you depending on the program. Please provide:**

Shoe Size      Men's \_\_\_\_\_      Woman's \_\_\_\_\_

Pant Size (inches)      Waist (W) \_\_\_\_\_      Length (L) \_\_\_\_\_

Jacket Size       S     M     L     XL     2XL     3XL

I certify that all information given is true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please drop off or mail completed form to your closest ON BOCES building OR scan and send by e-mail to [scarter@onboces.org](mailto:scarter@onboces.org)

Workforce Training Center  
606 6th Street  
Niagara Falls, NY 14301

Susan Carter  
4124 Saunders Settlement Rd  
Sanborn, NY 14132

Community Education Center  
50 Main Street  
Lockport, NY 14094