



Evergreen Valley College

Adult Education Teacher Pathway Non-Credit Application

Year: _____ Fall ☐ Spring ☐ Summer ☐

1. IDENTIFICATION

Student ID Number:

(Leave a blank if you don't have it; you will be assigned one.)

Last Name:

First Name:

Middle Name:

DOB:

Gender: Male ☐ Female ☐ Non-Binary ☐

Address:

Apt #:

City:

State:

Zip Code:

Primary Phone #:

Secondary Phone #:

Email:

2. ETHNICITY

Are you Hispanic Latino: Yes ☐ No ☐

3. RACE

- ☐ Black or African American (BI)
- ☐ American Indian/ Alaska Native (AN)
- ☐ Filipino (FI)
- ☐ White (WH)
- ☐ Central American (HCA)
- ☐ Mexican American/Chicano (HM)
- ☐ South America (HSA)
- ☐ Other Hispanic (HX)

- ☐ Pacific Islander (P)
- ☐ Guamanian (PACG)
- ☐ Hawaian (PACH)
- ☐ Samoan (PACS)
- ☐ Other Pacific Islander (PACX)
- ☐ Other Non-White (O)
(all who do not fall into other categories)
- ☐ Unknown (X)

- ☐ Cambodian (AM)
- ☐ Chinese (AC)
- ☐ Indian (AI)
- ☐ Japanese (AJ)
- ☐ Korean (AK)
- ☐ Laotian (AL)
- ☐ Vietnamese (AV)
- ☐ Other Asian (AX)

4. EDUCATION - Number of Years School Completed:

No Formal Training: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Highest Level Completed:

- ☐ None
- ☐ Obtained HS Equivalency (HiSet, GED)
- ☐ High School Diploma

- ☐ Received certificate of completion in professional/technical program *(such as welding, cosmetology, phlebotomy or nurse's assistant)*
- ☐ Enrolled in college, but did not earn any degree
- ☐ A.A./A.S. Degree

What is your educational long term goal? (Mark only one)

- ☐ Improve basic skills in English, ESL, Citizenship, Reading or Math (K)
- ☐ Earn vocational certificate without transfer (E)
- ☐ Maintain certificate or license (I)

- ☐ Discover/Formulate career interests, plan, or goals (F)
- ☐ Completed credits for High School or Equivalency (L)
- ☐ Educational Development - Intellectual or Cultural (J)
- ☐ Advanced in current job/career update job skills (H)
- ☐ Undecided on goal (M)

5. EMPLOYMENT STATUS

- ☐ Employed
☐ Employed, with notice
(either (a) employment termination or (b) are within 12 months of separation or 24 months of retirement).
☐ Unemployed, (not working, but are seeking employment)
☐ Not in the labor force (retired, full-time student)

Potential Barriers to Employment (mark all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Cultural Barriers | <input type="checkbox"/> Foster Care Youth | <input type="checkbox"/> Low-Level Literacy |
| <input type="checkbox"/> Displaced Homemaker | <input type="checkbox"/> Homeless | <input type="checkbox"/> Migrant Farmworker |
| <input type="checkbox"/> English Language Learner | <input type="checkbox"/> Individual with Disability | <input type="checkbox"/> Seasonal Farmworker |
| <input type="checkbox"/> Ex-Offender | <input type="checkbox"/> Long-term Unemployed | <input type="checkbox"/> Single Parent |
| <input type="checkbox"/> Exhausting TANF with 2 years | <input type="checkbox"/> Low-income | <input type="checkbox"/> None of the above |

6. EMERGENCY CONTACT

Name:

Phone:

7. NON-DISCRIMINATION

All programs and activities offered by San Jose Evergreen Community College District shall be performed in a manner which is free of discrimination on the basis of race, color, national origin, ancestry, religion, creed, gender, pregnancy, marital status, disability, or veteran status.

8. STUDENT SIGNATURE - Please read CAREFULLY before signing:

I declare under penalty of perjury that the statements and information submitted in this Admissions Application are true and correct. I understand that all materials submitted by me for purposes of admission are true and correct. Falsification, withholding pertinent data or failure to report changes in residency or education status may result in District actions. I understand that all materials submitted by me for purposes of admission become the property of the San Jose/Evergreen Community College District. In registering for future terms, I agree to provide true and correct information about any changes in my educational status.

Signature of Student:

Date:

OFFICE USE ONLY	Colleague ID#:	Entered By:	Date:
Academic Program Code:	<input type="checkbox"/> 1NONCR (SJCC)	<input type="checkbox"/> 2NONCR (EVC)	<input type="checkbox"/> 3NONCR (MIL)
<input type="checkbox"/> NAE	<input type="checkbox"/> SHAP	<input type="checkbox"/> SPRO	<input type="checkbox"/> STRK
Reg ID: _____			