



EMPLOYER REGISTRATION FORM

To: Send or fax to
Kathy Simione, Coordinator School Counts!
Atlantic Cape Community College, East Campus
5100 Black Horse Pike
Mays Landing, NJ 08330
Phone: 609-343-5659
Fax: 609-343-5661

PLEASE PRINT

From: Name: _____ Title: _____

Company: _____

Address: _____

City, State, Zip: _____

County: _____ Web site: _____

E-mail: _____

Phone: (____) _____ Fax: (____) _____

____ Yes. Sign me up as a *School Counts!* Employer. As a SC Employer, I will: Use the School Counts Certificate as one of the criteria used to evaluate high school or high school graduate job applicants; allow the company to be identified as a SC Employer in media releases and on the New Jersey Chamber of Commerce's SC web page (schoolcounts.org).

Signature: _____ Date: _____