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: ________________________