

CLASS CODE: _____ **INSTRUCTOR:** _____

**ORLEANS-NIAGARA BOCES
CONTINUING EDUCATION**

PARTICIPANTS EMPLOYMENT INFORMATION

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE

NAME OF STUDENT: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

PLACE OF EMPLOYMENT: _____

BUSINESS LOCATION OR ADDRESS: _____

JOB POSITION: _____

FULL-TIME _____ **PART-TIME** _____

NUMBER OF HOURS WEEK: _____

RATE OF PAY: HOURLY: _____ **SALARIED:** _____

DATE OF HIRE: _____

NOTES:

PLACE ORIGINAL IN STUDENT FOLDER. SEND A COPY TO PENNY AIKIN – paikin@onboces.org