



## EMPLOYER REGISTRATION FORM

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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: \_\_\_\_\_