



**DOL APPLICATION FOR INITIAL/ADDITIONAL LOCATION
PRIVATE CAREER SCHOOL APPROVAL**

DATE: _____

I. SCHOOL DATA

Name of School: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ FAX: _____

Email Address: _____ Federal Tax ID #: _____

Web Page Address: _____

II. OWNER DATA*

Name of Owner(s): _____

Home Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Phone: _____

Email Address: _____

** If there is more than one owner, please attach an additional sheet with information for each owner.*

III. CORPORATE DATA: Corporation LLC Partnership Sole Proprietorship

Name of Corporation: _____

Address of Corporation: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ FAX: _____

Email Address: _____ (Primary Contact)

IV. SCHOOL DIRECTOR/CO-DIRECTOR DATA:

Name of School Director: _____

Home Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Phone: _____

Email Address: _____

Name of Co-Director: _____

Co-Director's Telephone Number: _____

Co-Director's Email Address: _____

ALL FORMS MAY BE DUPLICATED AS NEEDED

New Jersey Departments of Education & Labor and Workforce Development
Private Career School Initial Application (R-02-2020)

V. TUITION PERFORMANCE BOND:

The school presently holds a tuition performance bond/surety with the following agency:

1. Agency Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Bond #: _____ Telephone #: _____
Issue Date: _____ Expiration Date: _____

VI. ADDITIONAL PRIVATE CAREER SCHOOL INFORMATION

Do you offer customized training services? Yes No
Do you offer distance learning classes? Yes No
Wheelchair accessible: Yes No
Spanish spoken: Yes No
Other languages spoken: Yes* No

* Please check all that apply below:

Arabic Chinese French French Creole German
 Hungarian Indic/Hindu Italian Japanese Korean
 Portuguese Russian Tagalog Vietnamese Yiddish/
Hebrew
 Greek Polish Other (Please specify) _____

Career assistance/counseling available: Yes No
Linkage to One-Stop Career Center System: Yes No
Personal on-site job placement assistance: Yes No
Access to <https://careerconnections.nj.gov/>: Yes No
Childcare at facility: Yes No
Assistance obtaining childcare: Yes No
Evening courses: Yes No

Bus Route(s), if available: _____

Train Route(s), if available: _____