

NOCE Registration Questionnaire

Have you ever applied and/or registered at North Orange Continuing Education, Cypress College, or Fullerton College? I Yes		
Banner ID # @	Date	(MM/DD/YYYY)
LEGAL NAME PLEASE PRINT & USE BLUE OR BLACK INK ONLY.		
Last First		Middle
DATE OF BIRTH	MM/DD/YYYY)	
PERSONAL INFORMATION This information will be used for state and federal reporting purposes. It is optional and voluntary and will not be used for discriminatory purposes. By California law, the California Community Colleges collect voluntary demographic information regarding the sexual orientation, gender identify, and gender expression of students. This information is only used for summary demographic reporting, and your responses are kept private and secure.		
 What is your current gender identity? Male Female Decline to state What is your current sexual orientation? Straight/Heterosexual Gay or Lesbian/Homosexual Bisexual Other Decline to state Do you consider yourself transgender? Yes No Decline to state 	female. "Sexual Orientation" of attraction-emotional, r of these-to persons of both sexes, as well as t "Transgender" is the st identification as woma	ans one's private sense of being male or lescribes an enduring pattern of omantic, sexual, or some combination the opposite sex, the same sex, or to he genders that accompany them. tate of one's gender identity (self- n, man, neither or both) not matching ntification by others as male, female or ical/genetic sex).
Have you been employed as a seasonal agriculation of the past two years? Yes No Are you currently homeless?	ultural worker for at lea	ast a total of two months of each

- Yes
- 🛛 No

Are you comfortable reading and writing in English?

- Yes
- 🛛 No

Do you currently receive any of the following types of assistance? (Check all that apply)

- CalWORKs, Temporary Assistance for Needy Families (TANF), or Aid to Families with Dependent Children (AFDC)
- □ Supplemental Security Income (SSI)
- General Assistance (GA)
- □ Supplemental Nutrition Assistance Program (SNAP, Food Stamps)
- Foster Care, Medical/Medicaid, HUD Section 8 Housing Assistance, or other economic public assistance
- □ I am not currently receiving any public assistance

Please select your approximate annual household income.

- □ \$0 to \$15,000
- □ \$15,001 to \$30,000
- □ \$30,001 to \$45,000
- □ \$45,001 to \$60,000
- □ \$60,001 to \$75,000
- Over \$75,000
- □ I do not know my approximate household income

Please enter the number of people in your household.

Have you ever been charged with or convicted of a crime?

- Yes
- No

Have you had a job in the last six months?

- Yes
- 🛛 No

Have you been looking for a job in the last six months?

- Yes
- 🛛 No

Do you have any attitudes, beliefs, customs, or practices that make it hard for you to find a job?

- Yes
- 🛛 No

Are you currently preparing for a job by participating in internships, work experience, or capstone projects?

- Yes
- 🛛 No

Are you currently participating in activities that help you learn about a job through job shadows, service learning, class projects, or mentorships from professionals working in that job?

- Yes
- No

Are you currently participating in any events or activities that will help you identify career interests or explore career options such as guest speakers, company tours, field trips, career fairs, or mock interviews?

- Yes
- 🛛 No