



Thank you for your interest in a Workforce Development program at Jefferson College. In this packet, you will find the application materials required for admission into our programs. Please review all application materials and ensure they are completed in entirety and correctly to ensure prompt processing to determine enrollment.

Funding options for non-credit programs include:

- SkillUP for SNAP benefit recipients: <https://mydss.mo.gov/skillup-program>
- WIOA grant intake form: <https://www.jefffrankjobs.org/wioa-intake-form>
- Employer/Third-Party Pay: Employers must submit a letter of intent to pay on company letterhead that includes: the student name, program name, dates, amount.
- Self-Pay: We accept debit or credit card, cashier's check, or cash. Personal checks are not accepted. To self-pay, visit our office or call (636) 481-3144 to pay over the phone.

*NOTE: Payment plans are not available for Workforce programs. Tuition must be paid in full prior to the start of classes.*

Thank you again for your interest in a workforce program at Jefferson College. If you have any questions or need assistance, please contact our office at [workforce@jeffco.edu](mailto:workforce@jeffco.edu).

# ENROLLMENT CHECKLIST

NAME \_\_\_\_\_

PROGRAM \_\_\_\_\_

1

## APPLY ONLINE & COMPLETE APPLICATION

Fill out and sign all documents in the Application packet. Submit completed packet along with the following to [workforce@jeffco.edu](mailto:workforce@jeffco.edu):

- Copy of Driver's license and Social Security card
- Copy of high school diploma/HiSET
- Three (3) letters of recommendation
- Application fee (\$99) can be paid with debit or credit card, cashier's check, or cash. Personal checks are not accepted.
  - NOTE: Payment plans are not available for Workforce programs.

2

## PREP, TESTS, AND BACKGROUND SCREEN

- Register to take the WorkKeys Assessment for free at the [Arnold Job Center](#) or for a fee at one of the [college's testing sites](#).
- If you are not currently registered for the Family Care Safety Registry, you can sign up online at: <https://health.mo.gov/safety/fcsr/>. A clean background check is required for enrollment.
- Complete alcohol and drug screen at Quest Diagnostics (forms will be sent closer to the start of the program).

3

## FUNDING/TUITION

- SkillUP for SNAP benefit recipients: <https://mydss.mo.gov/skillup-program>
- WIOA grant information & contact: <https://www.jefffrankjobs.org/contact>
- Employer/Third-Party Pay: Employers must submit a letter of intent to pay on company letterhead that includes: the student name, program name, dates, amount.

4

## BECOME A VIKING

- Once you are enrolled, you will need to go to [jeffco.edu](http://jeffco.edu) and log in as a First Time User under the "My JeffCo" tab at the top right of the home page, this is where you'll create a password.
- Information regarding your course will be sent to your jeffco email, so be sure to check it regularly.
- If you need assistance with your MyJeffCo account, contact the help desk at 636-481-3234.

# Application for Admission

Jefferson College Workforce & Employment Services  
1000 Viking Drive • Hillsboro, MO 63050-2441  
(636) 481-3144 • TDD (636) 789-5772 • www.jeffco.edu

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LAST	FIRST	MI	PREVIOUS NAME
CURRENT ADDRESS			CITY, STATE, ZIP CODE
DATE OF BIRTH			CELL PHONE
EMAIL			SOCIAL SECURITY NUMBER

HOW DID YOU HEAR ABOUT US?

SCRUB TOP SIZE: \_\_\_ XS \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL  
SCRUB PANT SIZE: \_\_\_ XS \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL

*It is the policy of Jefferson College that no person shall, on the basis of age, ancestry, color, creed, disability, gender, national origin, race, religion, or veteran status, be subject to discrimination in employment or in admission to any educational program or activity of the College. Please note: If accommodations for a disability are needed, please contact Disability support Services at (636) 481-3148. TDD users may call (636)789-5772. The contents of this application are provided for informational purposes. The application is accurate at the time of printing but is subject to change. Any such changes may be implemented without prior notice and are effective when made. Jefferson College reserves the right to terminate programs for financial or other reasons which the College determines warranted. The programs, services, or other activities of the College may be terminated at any time due to reasons beyond the control of the College, including—but not limited to—acts of God, natural disasters, destruction of premises, labor disturbances, governmental orders, or financial insolvency.*

**Workforce programs follow the guidelines established by the Missouri Department of Health & Senior Services for assistive personnel.**

All application materials must be returned to Jefferson College’s Workforce Employment Services Office.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

***In order to have a complete file, you must read and sign this form and return it to the Jefferson College Workforce & Employment Services Office.***



# Jefferson College Workforce Program Application

## LIST THREE REFERENCES

List complete name & phone number below. All three must be on file before review.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer/Other: \_\_\_\_\_

Relationship of Reference (no family members): \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer/Other: \_\_\_\_\_

Relationship of Reference (no family members): \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer/Other: \_\_\_\_\_

Relationship of Reference (no family members): \_\_\_\_\_

## **NOTES:**

1. Three (3) letters of reference must be submitted to [workforce@jeffco.edu](mailto:workforce@jeffco.edu) or to the Workforce and Employment Services office, located at

Career & Technical Education (CTE) Building  
1000 Viking Drive  
Hillsboro, MO 63050

2. Student may not use Title IV Funds, including Pell Grants or Student Loans, to pay for this course. Contact your local Missouri Job Center about funding options. Private loan options might be available.

## ENTRANCE REQUIREMENT

WRITE A SHORT ANSWER TO THE FOLLOWING QUESTION:

*Why do you want to enroll in this program?*

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## PROGRAM REQUIREMENT

STUDENTS MUST SUCCESSFULLY COMPLETE ALL CLASS REQUIREMENTS, INCLUDING, BUT NOT LIMITED TO QUIZZES, EXAMS, SKILL COMPETENCIES, AND CLINICAL REQUIREMENTS TO BE ELEGIBLE TO SIT FOR THE CERTIFICATION EXAM.

I UNDERSTAND ACCEPTANCE INTO WORKFORCE PROGRAMS IS COMPETITIVE. AN APPLICANT MUST HAVE A HIGH SCHOOL DIPLOMA OR HISET, HAVE A NEGATIVE CRIMINAL BACKGROUND CHECK, AND MEET THE ESSENTIAL FUNCTIONS OF THEIR CHOSEN PROGRAM. ACCEPTANCE INTO A WORKFORCE PROGRAM DOES NOT GUARANTEE CERTIFICATION.

*In applying for admission to a Workforce program at Jefferson College, I hereby voluntarily waive my right of access as provided by Federal Law, PL 93-380, to confidential letters and statements of recommendation submitted by reference on my behalf.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## Expectations Agreement

I, \_\_\_\_\_, understand that applying to \_\_\_\_\_ workforce program involves agreeing to the following program requirements including:

- I must successfully complete all class requirements, including, but not limited to quizzes, exams, skill competencies, and clinical requirements to be eligible to sit for the certification exam.
- I understand acceptance into the workforce program is competitive. An applicant must have a high school diploma or hiset, have a negative criminal background check, and meet the essential functions of their chosen program. acceptance into a workforce program does not guarantee certification.
- I understand that participation in a workforce program requires that I attend all of the classes on time and come prepared to engage in coursework or clinicals.
- I understand that completion of a workforce program does not guarantee me a job in the field but that workforce staff will assist with the job search process.
- I will conduct myself professionally when interacting with college faculty and staff, fellow students, and at clinical sites.
- Communication is key to my success in this program. I will stay in regular contact with my program faculty and staff and reach out for help as needed.
- Not following the guidelines of this agreement may result in disciplinary action or removal from the program.

In applying for admission to a Workforce program at Jefferson College, I hereby voluntarily waive my right of access as provided by Federal Law, PL 93-380, to confidential letters and statements of recommendation submitted by reference on my behalf.

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Signature of Applicant

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Date

## **JEFFERSON COLLEGE WORKFORCE AND EMPLOYMENT PROGRAM BACKGROUND CHECK**

As a requirement of the Jefferson College Workforce and Employment Services Program application process and in response to RSMo 660.317 and 660.315, students will be required to consent to release of their criminal history records as a condition of admission and/or re-admission to program as well as to determine the applicant's ability to enter patient care areas in order to fulfill the requirements of the Workforce healthcare programs. The Workforce staff will receive the results of the criminal background inquiry. The results will remain confidential.

As stated:

RSMo 660.317 prohibits a hospital, or other provider, from knowingly allowing those who have been convicted of, pled guilty to or nolo contendere in this state or any other state or has been found guilty of crimes, which if committed in Missouri would be a Class A or B felony violation, to give care to clients in their agency. As defined by state law, these are violations of chapter RSMo 565 (domestic violence/violence against a person), RSMo 566 (sex offenses) or RSMo 569 (robbery, arson, burglary, or related offenses), or any violation of subsection 3 of section 198.070 RSMo (abuse and neglect), or section 568.020 RSMo (incest).

RSMo 660.315 requires an inquiry as to whether a person listed on Missouri Department of Health and Senior Services disqualification list. In addition to these records, an on-line search will be conducted to determine if a student is on other government sanction lists. These on-line searches include Office of Inspector General (OIG) and the General Services Administration (GSA).

Any student found to have a positive criminal background check (Class A or Class B felony) as defined by state law, or on one of the governmental sanction lists, will be immediately dropped or withdrawn from the program.

A grade of "W" will be transcribed if prior to the College's withdrawal date. A grade of "F" will be transcribed if the student is removed from the program following the College's withdrawal date.

Students in clinical agencies are subject to the policies of Jefferson College and must also abide by the policies of the agency in which they are assigned as a clinical student. A student may be required to have additional testing. Any student who refuses to submit to initial or subsequent testing will be dismissed from the Workforce program.

Students must abide by the terms of the above policy and must report any conviction under a criminal statute for any violations occurring on or off College premises. A conviction must be reported within five (5) days after the conviction. Students convicted of involvement in a criminal offense may be dismissed from the Workforce program.

Criminal background check procedure:

- 1) All students will be tested upon conditional acceptance into the Workforce program.
- 2) Testing expenses are included in the student's fees.
- 3) Students who test positive for a Class A or B felony and/or governmental sanction lists will be ineligible to continue and will be dropped or withdrawn from the program if the withdrawal deadline has not passed.
- 4) All initial criminal background testing must be completed 30 days prior to the start of classes.
- 5) Failure to complete a criminal background check by the specified date will result in the student's dismissal from the Workforce program.
- 6) Any discipline called for pursuant to the College's criminal background policies for clinical students will be governed by the "Rules of Procedure in the Student Disciplinary Matters" as they appear in the Jefferson College Student Handbook.

## What is the Family Care Safety Registry (FCSR)?

[The Family Care Safety Registry](#) is a background screening database that certain caregivers must register with. The FCSR helps ensure that persons caring for children, seniors, or physically or mentally disabled individuals can be screened for employment purposes. For more information on FCSR and how it works, visit <https://health.mo.gov/safety/fcsr/about.php#register>

## How to Register for FCSR

- Navigate to <https://health.mo.gov/safety/fcsr/>
- Click “Register Online”
- Carefully read and follow the instructions provided.
  - Before registering, you will need to confirm you are not already registered. Click “Is a Person Registered” and enter your SSN to search. If you are not already in the system, then you will continue to the registration.
- To register using the Internet, you will be charged a nonrefundable \$14.00 registration fee and an additional \$0.53 processing fee. If you do not wish to pay the additional processing fee, you may submit your registration by mail, using the form found at: [Registration Forms](#).

You will need the following to enter your registration:

- Your Social Security Number.
- Your (the registrant's) email address.
- A valid credit card.

## Good Cause Waiver

If there are infractions found on the FCSR check, that does not mean immediate disqualification (depending on the crime and severity).

An individual who has been disqualified from employment with one of the listed provider types has the right to apply for a Good Cause Waiver (GCW), which, if granted, would not correct or remove the finding, but would lift the hiring restriction and allow the individual to be employed.

For more information on a Good Cause Waiver, a list of disqualifying factors, and how to apply for a GCW, visit

<https://dss.mo.gov/mhd/providers/pdf/good-cause-waiver.pdf>

or

<https://health.mo.gov/safety/goodcausewaiver/index.php#apply>





JEFFERSON COLLEGE WORKFORCE AND EMPLOYMENT PROGRAM  
CRIMINAL BACKGROUND CHECK  
CONSENT FORM

As part of the student clinical affiliation, I \_\_\_\_\_  
Applicant's Name (**Please Print**)

applying for \_\_\_\_\_ workforce program, consent to the release of any criminal background records by the Missouri State Highway Patrol and any other agency that provides such information, and to the conduct of an investigation and obtaining of information including Employer Disqualification List (EDL), Department of Family Services (DFS), and Office of Inspector General (OIG).

The information received by the Workforce and Employment Services Staff at the Jefferson College will remain confidential and will be used for the sole purpose to determine my ability to enter patient care areas in order to complete the requirements of the Workforce program.

I also understand if my criminal history prohibits my placement in the clinical setting, I will not be able to complete the Workforce program at Jefferson College.

Full name (Print): \_\_\_\_\_ SSN: \_\_\_\_\_

Previous name(s): \_\_\_\_\_ (include all last names you have been known as)

Address: \_\_\_\_\_

Street Address

City

State

Zip

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BACKGROUND CHECK ADVANTAGE - Request Form**

3/13/2013

<b>Background Check Advantage</b> P.O. Box 6766, Jefferson City, MO 65102 Phone: 573/893-3700 Fax: 573/893-7669	<b>Jefferson College – Lore Robart, Secretary Business &amp; Community Development</b> 1000 Viking Drive, Hillsboro, MO 63050 Ph: 636-481-3144 Fax: 636-789-4012
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<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>

<b>Alias/Maiden Name(s)</b>	<b>Will Employee's Salary Exceed \$75,000?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Race</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Mailing Address (NO P.O. Boxes)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

As part of the  employment  volunteer  student  credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for  employment  volunteer  student  credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicant

**FOR OFFICE USE ONLY : BACKGROUND SEARCHES** **OIG** (Medicare/Medicaid Fraud & Abuse)  **GSA** (Federal Procurement Fraud)  **\*\*FCSR** (Must Fax Necessary Documents) **SSN Verification Plus** (Address & Alias Name are included)  **Address Verification**  **Alias Name Search** **Government Watch List** (includes DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more) **Wants & Warrants** (Nationwide - extraditable only) **OFAC** (Specially Designated Nationals and Blocked Persons List) **\*MO DSS** (Child Abuse/Neglect) - Need Address/No P.O. Boxes **TN Abuse Registry** **\*MO Mental Health Employee Disqualification Registry** **MO EDL** (Employee Disqualification List) **FEDERAL COURTS - Criminal** State 1: \_\_\_\_\_ 2: \_\_\_\_\_ **SEX OFFENDER**  **Nationwide** or  **State 1:** \_\_\_\_\_ **DRIVING RECORD** State \_\_\_\_\_ DL# \_\_\_\_\_ **PROFESSIONAL LICENSE**  **National** or  **State** \_\_\_\_\_

Type: \_\_\_\_\_ License Number: \_\_\_\_\_

 **EDUCATION** School Name (include campus): \_\_\_\_\_

City/State: \_\_\_\_\_ / \_\_\_\_\_ Major: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Degree Type: \_\_\_\_\_ (BSN, B.A., etc.) Name While Attending: \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

 **EMPLOYMENT** Company: \_\_\_\_\_ City/State: \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_ Manager: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_ Starting Wage:\$\_\_\_\_\_ Ending Wage:\$\_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

**LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED**

States with county by county access only: CA, WV and WY

County 1: \_\_\_\_\_ State: \_\_\_\_\_ County 2: \_\_\_\_\_ State: \_\_\_\_\_ County 3: \_\_\_\_\_ State: \_\_\_\_\_

**STATEWIDE CRIMINAL** - A Statewide/State Repository houses records from all jurisdictions throughout the State AL\*  AK  AZ  AR\*  CO  CT\*  DE  DC\*  FL  GA\*

- |                             |                               |                              |                               |                              |                              |                               |                             |                              |                              |
|-----------------------------|-------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|-------------------------------|-----------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> HI | <input type="checkbox"/> ID** | <input type="checkbox"/> IN  | <input type="checkbox"/> IA** | <input type="checkbox"/> KS  | <input type="checkbox"/> KY  | <input type="checkbox"/> LA*  | <input type="checkbox"/> MA | <input type="checkbox"/> ME  | <input type="checkbox"/> MD  |
| <input type="checkbox"/> MI | <input type="checkbox"/> MN   | <input type="checkbox"/> MS* | <input type="checkbox"/> MT   | <input type="checkbox"/> NE  | <input type="checkbox"/> NV* | <input type="checkbox"/> NH** | <input type="checkbox"/> NJ | <input type="checkbox"/> NM* | <input type="checkbox"/> NY* |
| <input type="checkbox"/> NC | <input type="checkbox"/> ND   | <input type="checkbox"/> OH  | <input type="checkbox"/> OK   | <input type="checkbox"/> OR* | <input type="checkbox"/> PA  | <input type="checkbox"/> RI*  | <input type="checkbox"/> SC | <input type="checkbox"/> SD  | <input type="checkbox"/> TN  |
| <input type="checkbox"/> TX | <input type="checkbox"/> UT*  | <input type="checkbox"/> VA* | <input type="checkbox"/> VT*  | <input type="checkbox"/> WA  | <input type="checkbox"/> WI  |                               |                             |                              |                              |

Note: Louisiana, Nevada & Ohio are Felony Only

- \*Puerto Rico Repository (Felony Only Search & requires Mother's Maiden Name & Address) \_\_\_\_\_
- Illinois Healthcare-compliance with IL Healthcare Worker Background Check Act (*IL Police Full-State Repository Criminal*)
- MO-includes MO Sex Offender Search at no additional cost (*MO State Highway Patrol Full-State Repository Criminal*)

**\*Required Form(s) & \*\*Required Special Form(s) must be ATTACHED when ordering or faxed to 573-893-7669**



## Consent for Drug/Alcohol Testing

I have read and understand the Jefferson College Workforce Programs Drug/Alcohol Testing Policy.

In response to any violations of this policy, continuation of rights and privileges of participation by the individual in Jefferson College's Workforce Programs will be suspended or revoked, as appropriate.

I agree to undergo standardized drug/alcohol testing, which will be conducted in accordance with the Jefferson College Drug/Alcohol Testing Policy. I understand that the testing results can be provided to the individuals listed in the drug/alcohol testing policy. I further understand that failure to participate in good faith in the drug/alcohol testing program may result in disciplinary action or revocation of participation privileges as set forth in the Jefferson College Drug/Alcohol Testing Policy.

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Print Full Legal Name of Applicant

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Social Security Number

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Signature of Applicant

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Date

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Signature of Witness

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Date

## REFERENCE LETTER

### JEFFERSON COLLEGE WORKFORCE AND EMPLOYMENT SERVICES

This reference form pertains to \_\_\_\_\_ who has made application for a Workforce program at Jefferson College. The information included here is collected with the understanding that it is not shown nor quoted to the candidate. This reference will become the property of Jefferson College upon its receipt by the Coordinator of the selected program. An honest and complete opinion will be most helpful to us. Completed letters can be scanned and emailed to [workforce@jeffco.edu](mailto:workforce@jeffco.edu) or mailed to:

Workforce and Employment Services  
CTE 101, Jefferson College  
Hillsboro, MO 63050

1. How long have you known this individual? \_\_\_\_\_
2. How do you know this person (i.e. employee, colleague, friend)? \_\_\_\_\_
3. Has this individual displayed traits that would indicate that he or she is interested in other individuals and their welfare? Yes \_\_\_ No \_\_\_\_\_. If yes, please give an example:
  
4. Has this individual been involved in community or school activities? Yes \_\_\_ No \_\_\_\_\_. If yes, please list those activities about which you know.

5. From your experience with this individual, would you please rate him or her in the following characteristics?

	Good	Fair	Poor
a. Integrity	_____	_____	_____
b. Dependability	_____	_____	_____
c. Punctuality	_____	_____	_____
d. Initiative	_____	_____	_____
e. Moral Character	_____	_____	_____
f. Industrious	_____	_____	_____
g. Grooming	_____	_____	_____

If fair or poor, please explain:

6. Would you employ this individual for a position that requires responsibility and stability?

Yes \_\_\_\_ No \_\_\_\_.

7. Do you:

- a. \_\_\_\_ Recommend with enthusiasm
- b. \_\_\_\_ Recommend
- c. \_\_\_\_ Not recommend this applicant

Additional Comments:

Date: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Request for full refund must be made 48 hours prior to course starting time.

## Jefferson College Continuing Education Registration Form

Male  
 Female
 Student ID or SSN# \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) - \_\_\_\_\_ Business Phone: ( ) - \_\_\_\_\_ Ext. \_\_\_\_\_ State Date of Birth \_\_\_\_\_ - - \_\_\_\_\_

Email Address: \_\_\_\_\_ Business Name: \_\_\_\_\_ Business Zip: \_\_\_\_\_

Please register me for the following course(s): Business Address: \_\_\_\_\_

Reference #	Course Title	Day & Time	Date Begin	Fees

MasterCard     Visa     Discover
 Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Security Code \_\_\_\_\_

Please do NOT alter this form, simply tab between fields.     Phone     Walk-In     Mail     Fax     On-Site

**OFFICE USE ONLY**

Cash     Check     Bank
 Received By \_\_\_\_\_

Term \_\_\_\_\_ Date \_\_\_\_\_ Cardholder Name \_\_\_\_\_