



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).

# Application for Admission

Jefferson College Workforce & Employment Services  
 1000 Viking Drive • Hillsboro, MO 63050-2441  
 (636) 481-3143 • TDD (636) 789-5772 • www.jeffco.edu

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

PROGRAM: \_\_\_\_\_

*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.*

To learn more about the programs offered through Workforce and Employment Services, visit our website at [www.jeffco.edu/WES](http://www.jeffco.edu/WES)

*Note:* Students 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.

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

\_\_\_\_\_  
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***

**WES PROGRAM ENTRANCE REQUIREMENT**

**WRITE A SHORT ANSWER TO THE FOLLOWING QUESTION:**

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

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## 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.



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

**Background Check Advantage**

P.O. Box 6766, Jefferson City, MO 65102

Phone: 573/893-3700 Fax: 573/893-7669

**Jefferson College – Lore Robart, Secretary Business & Community Development**

1000 Viking Drive, Hillsboro, MO 63050

Ph: 636-481-3144 Fax: 636-789-4012

First Name

Middle Name

Last Name

Alias/Maiden Name(s)

Will Employee's Salary Exceed \$75,000?

 No  Yes

Social Security Number

Date of Birth

Race

Gender

 Male  Female

Mailing Address (NO P.O. Boxes)

City

State

Zip

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**



## WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry, administered by the Missouri Department of Health and Senior Services, provides families and other employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child-care, long-term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child-care facility licensing records maintained by the Missouri Department of Health and Senior Services
- Foster parent records maintained by the Missouri Department of Social Services

## WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009 as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the Department of Health and Senior Services without good cause, as determined by the department, is guilty of a class B misdemeanor.**

## WHAT IS THE PURPOSE OF THE EMPLOYER BACKGROUND SCREENING REQUEST FORM?

Eligible employers may use the Employer Background Screening Request form to obtain background screening information on employees who have completed registration for to the Family Care Safety Registry. The form may take the place of calling the Registry's toll-free telephone line as outlined in section 210.921, RSMo. **The background screening information is provided at no cost.** The registrant will be notified in writing each time a background screening request is made. The written notification will include the name and address of the requesting employer as well as the information provided to the requester.

## HOW DO I COMPLETE THE EMPLOYER BACKGROUND SCREENING REQUEST?

Employer Information – List employer's identifying information. If you are not sure if your organization is licensed or contracted with the state of Missouri, do not complete the associated field. **Your entry of an email address may be used to deliver your organization's background screening results notifications via encrypted email. Some non-automated result letters cannot be emailed at this time. When applicable, a separate encrypted email will be generated for each employee screened. Notifications may be delivered to the email address provided on this form until you contact the Registry to update your information.**

Employee/Applicant to be Screened – List the full name, social security number, and date of birth of employees or job applicants whose applications for registration have been or are being submitted to the Family Care Safety Registry for processing. All three fields must be complete for each individual and must match what is currently on file with the FCSR in order to conduct a screening.

Certification for Employee Background Screening and Request for Specific Information – Employer must sign and date the Employer Background Screening Request in ink after reading the certification and request for specific information statement. The employer's signature certifies that the request for background information for employees or job applicants listed is for employment purposes. The employer's signature also certifies the employer understands Registry information provided consists only of information relative to the state of Missouri and does not include information from other states; any person who uses the information obtained from the Registry for any purpose other than employment purposes is guilty of a class B misdemeanor; and when Registry information is disclosed, the Department of Health and Senior Services will notify the registrant of the name and address of the person making the request.

Employers have the right to request specific information regarding the finding(s) identified in any of the sources checked by the Registry. The request must be submitted in writing, and by signing the form, the employer is deemed to have met this requirement.

## HOW DO I SUBMIT THE EMPLOYER BACKGROUND SCREENING REQUEST?

The signed Employer Background Screening Request may be submitted by mail, FAX or email. If the employee/applicant is not yet registered, the employer may choose to submit the Employer Background Screening Request along with a Worker Registration form, photocopy of social security card and required registration fee, by mail to the Missouri Department of Health and Senior Services, Fee Receipts Unit, P.O. Box 570, Jefferson City, MO, 65102.

## WHEN WILL BACKGROUND SCREENING RESULTS BE KNOWN?

The requester will be notified, in writing, of the results of the background screening performed by the Family Care Safety Registry. If the requester contacts the Registry using the toll-free access line, 866-422-6872, the employer will be provided the results while on the phone as well as in writing. The registrant will also be notified in writing each time a background screening request is made. The written notification will include the name and address of the individual making the request as well as the information provided to the requester. Written notification may be delivered via email.

## WHAT IS THE PENALTY FOR MISUSING REGISTRY INFORMATION?

Information maintained by the Family Care Safety Registry can be disclosed for employment purposes only. Employment purposes include direct employer-employee relationships, prospective employer-employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child- or elder-care setting. **Any person who uses the information obtained from the Registry for any purpose other than employment purposes is guilty of a class B misdemeanor.**

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    Term \_\_\_\_\_    Date \_\_\_\_\_    Received By \_\_\_\_\_  
 \_\_\_\_\_    \_\_\_\_\_    Bank \_\_\_\_\_    Cardholder Name \_\_\_\_\_