

# CONSTRUCTION AND MECHANICAL OCCUPATIONS TRAINING ACADEMY APPLICATION

Jefferson College Workforce & Employment • 1000 Viking Drive • Hillsboro, MO 63050-2441 (636) 481-3144 or 797-3000, ext. 3144 • TDD (636) 789-5772 • www.jeffco.edu/wes

Please Print.

STUDENT INFORMATION							
Last Name:	First:			Middle:	Birth date:	Age:	Gender:
Preferred Name:					/ /		□Male
Street address:			City:			State, ZIP Code:	
Contact phone #: Eme		Emerge	mergency Contact Name:		Email address:		
Phone		Phone N	Phone Number:		Are you registered with Selective		
Are you a US Citizen?       □Yes       □ No         □No, but work authorized					Service? 🗆 Ye	es 🗆 No	

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 Christine Platter 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.

All application materials must be returned to Workforce Development and Employment Services **Address:** 1000 Viking Drive, Hillsboro, MO 63050 **Email:** workforce@jeffco.edu

## CAMO will consist of the following sessions.

lease check the areas you are most interested in:	
Construction/Mechanical Trades Training Program	
Job Skills Boot Camp/Work Readiness/Financial Literacy	
OSHA 10 Certification	
Electrical/HVAC o Carpentry	
Building Repair	
Construction Project	
Automotive Technology o Computer Integrated Manufacturing	
Welding/Metal Fabrication	
Machining/Mechanical	
Mechanical Project	
/hat is your highest level of education? ] High School Graduate/High School Equivalency □ Some College □Associate's Degree	
Current High School Student Grade Level? Did not complete high school	
Currently Enrolled in Adult Education Program Location?	
you are attending high school, what school district?	
oes your household currently receive SNAP benefits? $\Box$ Yes $\Box$ No	
o you have a disability, including a learning disability?	
re you a parenting youth (ages 16-24)?	
under age 18, additional eligibility for funding may be required.	

# **ENTRANCE REQUIREMENT**

## WRITE A SHORT ANSWER TO THE FOLLOWING QUESTION:

Why do you want to participate in the CAMO Program?

### **EMERGENCY INFORMATION**

Emergency Contact:	Phone #:
Physician:	Phone #:
Allergies:	
	and the second

Please make sure that all sections of this application are complete with accurate up-to-date information. <u>Contact the Continuing Education Department with change of address.</u>

## **IMPORTANT!**

Please complete your personal registration at <u>https://jobs.mo.gov</u> to complete your entrance requirements for the CAMO Program. If you are already registered at <u>https://jobs.mo.gov</u> please verify all information is accurate such as address and phone numbers.

Applicant's Signature		Date	
If under age 18, Parent or Legal Guardian's Signa	ture is required		
Parent/Legal Guardian's Signature		Date	
You <u>must</u> register at <u>www.jobs</u>	. <u></u>	your application to be proces	sed!
Arnold Job Center 3675 West Outer Rd., Suite 102 Arnold, MO 63010 636-865-6060 Relay Missouri 711 RACE: White Black Hispanic Ameri	can Indian □ Asia	Washington Jo 1108 Washington Squa Washington, N 636-583-9 Relay Missou an D Pacific Islander D Ot	are Shopping Ctr 10 63090 670 uri 711
GENDER: Male  Female			
WORK AUTHORIZATION: U. S. Citi	zen 🗆	<b>Registered Alien/Refu</b>	gee 🗆
Recently Separated (w/in 48 mo.) 🗖 Spouse of	Less than 181 days of Veteran □ Res No ⊓	s	Special Disabled
Selective Service Registration: Yes  Registration #			
Are you currently attending any school? If yes, name of School Currently Attending Highest Grade Completed	Yes 🗆	No 🗆	

Not attending High School/Dropout?	Yes 🗆	No 🗆	Date last attended:
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Have you attended AEL classes in the last 6 months?	Yes 🗆	No 🗆
Do you have limited English language proficiency?	Yes 🗆	No 🗆
Do you have an Individual Educational Plan (IEP) currently or in the past?	Yes 🗆	No 🗆
Do you plan to attend vocational/college classes? Have you been looking for a job for the past two months	Yes 🗆	No 🗆
and are still unemployed?	Yes □	No 🗆
Are you involved in the juvenile/adult justice system?	Yes □	No 🗆
Are you a foster child or aged out of foster system?	Yes 🗆	No 🗆
Are you homeless?	Yes 🗆	No 🗆
Are you pregnant or parenting?	Yes 🗆	No 🗆
Do you have any learning, mental, or physical disabilities?	Yes 🗆	No 🗆
Do you need to obtain your high school equivalency HiSET?	Yes 🗆	No 🗆

Employment History: List all positions for the last six (6) months

Employer's Name	Average Hours worked per week	Wage	Start Date/End Date

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### **HOUSEHOLD MEMBERS:**

Name	Relationship	Employment Status
Total number in household related by blo	ood, marriage or adoption (including yourself)	
Did your parents claim you as a depende	ent on their income tax return? Yes 🗆	No 🗆
HOUSEHOLD INCOME: List all income a	mounts and type of income for the last six mor	nths.
Wages (applicant)	Child Support	
Wages (father/mother)	Foster Payment	
VA Payments	Student Grants	
Military Pay	Scholarship/Loan	
Unemployment	Pensions (any type)	
Social Security	Other (alimony, etc.)	
Food Stamps Received: From	to	
Public Assistance (TANF, SSI, GR): From	nto	
Do you qualify for the free lunch program	n at school? Yes □ No □	

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT SUCH INFORMATION IS SUBMECT TO VERIFICATION AND I FURTHER REALIZE THAT FALSIFIED OR FRAUDULENT INFORMATION MAY RESULT IN THE REJECTION OF THIS APPLICATION, SUBSEQUENT TERMINATION FROM THE WIOA PROGRAM OR PROSECUTION UNDER THE LAW. WE ARE ASKING YOU TOPROVIDE VOLUNTARILY YOUR SOCIAL SECUIRTY NUMBER SO THAT THIS AGENCY CAN PROVIDE EMPLOYMENT ASSISTANCE TO YOU IN THE TIMELIEST AND EFFICIENT WAY. THIS INFORMATION WILL BE USED TO IDENTIFY YOUR RECORD IN FILING SYSTEMS, FOR FOLLOW-UP SERVICES PROVIDED YOU, FOR VERIFICATION OF ELIGIBILITY FOR SERVICES INCLUDING MONETARY, AND FOR STATISTICAL REPORTING PURPOSES.

#### PLEASE NOTE:

- Files will not be reviewed unless <u>all</u> admission information requested is present.
- Contact the Workforce & Employment Services Office with any change of address.
- Grant Funds are available to pay for this program for a limited time. WIOA (Workforce Innovation Opportunity Act) funding, through the Arnold Job Center, may also be available based on eligibility. Students may not use Title IV Funds, including Pell Grants or Student Loans, to pay for this course.

Jefferson College's Annual Security and Fire Safety Report is now available. This report is required by federal law and contains policy statements and crime statistics for Jefferson College. The policy statements address Jefferson College's policies, procedures, and programs concerning safety and security, for example, policies for responding to emergency situations and sexual offenses.

Additionally, this report contains information regarding campus security and personal safety, including topics such as: crime prevention, fire safety, Jefferson College Campus Police Department enforcement authority, crime reporting policies, disciplinary procedures, and other matters of importance related to security and safety on campus. Also included are crime statistics for three previous calendar years which were reported to have occurred on campus, in or on off-campus buildingsor property owned or controlled by the school, and on public property within or immediately adjacent to the campus.

This report is available online at:

https://www.jeffco.edu/sites/default/files/PR/Web/2020 annual security and fire safety report 1.pdf.

You may also request a paper copy from the Jefferson College Police Department by phone at 636-481-3500 or at Jefferson College Hillsboro-802 Mel Carnahan Drive, Apartment 214, Hillsboro, MO 63050; Jefferson College Arnold-1687 Missouri State Road, Arnold, MO 63010; or Jefferson College Imperial-4400 Jeffco Boulevard, Arnold, MO 63010.

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

**Applicant Legal Signature** 

Date

Parent/Guardian Signature, if under 18 Date

Reminder: Did you complete your jobs.mo.gov registration?

Application will not be processed until completed. Enrollment into the Program requires documentation of the above statements.

**WIOA Specialist** 

Date

Equal Employment Opportunity Employer/Program Auxiliary aids and services are available upon request to individuals with disabilities

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