



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.

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

LAST FIRST MI PREVIOUS NAME

CURRENT ADDRESS CITY, STATE, ZIP CODE

DATE OF BIRTH CELL PHONE

EMAIL SOCIAL SECURITY NUMBER

PROGRAM:

HOW DID YOU HEAR ABOUT US?

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

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.

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



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.

Signature of Applicant

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

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?
	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

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 _____