



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) 481-3143 • 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

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?



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

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

Jefferson College Continuing Education Registration Form

Male Student ID or SSN# _____
 Female

Last _____ First _____ Middle _____
 Address _____

Street _____ City _____ State _____ Zip Code _____
 Home Phone () - _____ Business Phone: () - Ext. _____ 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 _____