# 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

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<tr>
<th>Last Name:</th>
<th>First:</th>
<th>Middle:</th>
<th>Birth date:</th>
<th>Age:</th>
<th>Gender:</th>
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<th>Street address:</th>
<th>City:</th>
<th>State, ZIP Code:</th>
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<th>Emergency Contact Name:</th>
<th>Email address:</th>
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<th>Are you a US Citizen?</th>
<th>Yes</th>
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<th>Are you registered with Selective Service?</th>
<th>Yes</th>
<th>No</th>
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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.  
Please 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 or Carpentry
☐ Building Repair
☐ Construction Project
☐ Automotive Technology or Computer Integrated Manufacturing
☐ Welding/Metal Fabrication
☐ Machining/Mechanical
☐ Mechanical Project

What 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? ________________________________

If you are attending high school, what school district? ________________________________

Does your household currently receive SNAP benefits?  ☐ Yes  ☐ No
Do you have a disability, including a learning disability?  ☐ Yes  ☐ No
Are you a parenting youth (ages 16-24)?  ☐ Yes  ☐ No

If 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?_

_______________________________________________________________________________________________

_______________________________________________________________________________________________

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EMERGENCY INFORMATION

Emergency Contact: ________________________________________ Phone #: ______________________________
Physician: ________________________________________________ Phone #: ______________________________
Allergies: ________________________________________________

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

IMPORTANT!
Please complete your personal registration at https://jobs.mo.gov to complete your entrance requirements for the CAMO Program. If you are already registered at https://jobs.mo.gov 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 Signature is required

________________________________________________
Parent/Legal Guardian’s Signature Date

You must register at www.jobs.mo.gov in order for your application to be processed!

Arnold Job Center
3675 West Outer Rd., Suite 102
Arnold, MO 63010
636-865-6060
Relay Missouri 711

Washington Job Center
1108 Washington Square Shopping Ctr
Washington, MO 63090
636-583-9670
Relay Missouri 711

RACE: White □ Black □ Hispanic □ American Indian □ Asian □ Pacific Islander □ Other □
GENDER: Male □ Female □
WORK AUTHORIZATION: U. S. Citizen □ Registered Alien/Refugee □
VETERAN STATUS: Yes □ Regular □ Less than 181 days □ Disabled □ Special Disabled □
Recently Separated (w/in 48 mo.) □ Spouse of Veteran □ Reserve/National Guard □ Non Veteran □
Selective Service Registration: Yes □ No □
Registration # ____________________________

Are you currently attending any school? Yes □ No □
If yes, name of School Currently Attending ________________________________
Highest Grade Completed ________________________________
EDUCATION:  Current H. S. Student □  H. S. Graduate/HiSET □  Attending College □

Not attending High School/Dropout?  Yes □  No □  Date last attended: ____________________________

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?  Yes □  No □
Have you been looking for a job for the past two months 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

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<tr>
<th>Employer’s Name</th>
<th>Average Hours worked per week</th>
<th>Wage</th>
<th>Start Date/End Date</th>
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### HOUSEHOLD MEMBERS:

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<th>Name</th>
<th>Relationship</th>
<th>Employment Status</th>
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Total number in household related by blood, marriage or adoption (including yourself) ________________

Did your parents claim you as a dependent on their income tax return?  
Yes □  
No □

### HOUSEHOLD INCOME: List all income amounts and type of income for the last six months.

- **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 ________________ to ________________

Do you qualify for the free lunch program at school? Yes □ No □

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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 SUBJECT 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 TO PROVIDE VOLUNTARILY YOUR SOCIAL SECURITY 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 all 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 buildings or 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 by Federal 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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