SURVEY OF HEALTHCARE
Healthcare spans many different careers. The Healthcare Heroes Program will introduce students to a range of occupations that support health and wellness, including:

- Certified Nursing Assistant/Certified Medication Technician (CNA/CMT)
- Medical Assistant (MA)
- Health Information Technology (HIT)
- Patient Care Technician (PCT)
- Nursing (LPN/RN)
- Emergency Medical Technician (EMT)
- Radiologic Technologist (RadTech)
- Physical Therapist Assistant (PTA)
- Occupational Therapy Assistant (OTA)

OBJECTIVES
During the 7 weeks of the program, students will:

1. become familiar with the aspects that differentiate the 9 healthcare occupations presented.
2. learn the benefits of a career in healthcare.
3. complete a course in Cardiopulmonary Resuscitation for the Healthcare provider (CPR-BLS).
4. complete a certification in Health Information Portability and Accountability Act (HIPAA).
5. complete Focus 2 assessments and discuss how to utilize the results for career navigation.
6. complete Strength-Finder's inventory and discuss how to utilize the results for career navigation.
7. complete the WorkKeys assessment and learn how to utilize the results for career navigation.
8. learn how to take and assess human vital signs.
9. learn how to construct a healthcare-oriented resume/learn interview skills for a job in healthcare.
10. Develop a career navigation plan
ENTRANCE REQUIREMENTS

WHICH OF THE FOLLOWING OCCUPATIONS ARE YOU FAMILIAR WITH? (Place an X next to all that apply.)

___ Certified Nursing Assistant (CNA)
___ Certified Medication Technician (CMT)
___ Medical Assistant (MA)
___ Health Information Technology (HIT)
___ Patient Care Technician (PCT)
___ Nursing (LPN/RN)
___ Emergency Medical Technician (EMT)
___ Radiologic Technologist (RadTech)
___ Physical Therapist Assistant (PTA)
___ Occupational Therapy Assistant (OTA)

Application Date: ________________________________

LAST    FIRST    MI    PREVIOUS NAME

__________________________________________
CURRENT ADDRESS                               CITY, STATE, ZIP CODE

__________________________________________
DATE OF BIRTH       AGE                        CELL PHONE

__________________________________________
EMAIL                                    SOCIAL SECURITY NUMBER

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

Do you have a high school diploma or HiSET (GED)? [ ] Yes [ ] No

If you checked Yes, please turn in a copy of your diploma or HiSet with your application.
### EMERGENCY INFORMATION

**Emergency Contact:** ___________________________  **Phone #:** ___________________________

**Physician:** ___________________________  **Phone #:** ___________________________

**Allergies:** ___________________________

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You **must** register at [www.jobs.mo.gov](http://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 #__________________________

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**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

<table>
<thead>
<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:

<table>
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<tr>
<th>Name</th>
<th>Relationship</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
- Wages (applicant)________________________
- Wages (father/mother)_______________________

### Income Types
- VA Payments__________________________
- Military Pay__________________________
- Unemployment__________________________
- Social Security__________________________
- Child Support__________________________
- Foster Payment__________________________
- Student Grants__________________________
- Scholarship/Loan__________________________
- Pensions (any type)______________________
- 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

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.