



# Application for Admission

## MANUFACTURING TECHNICIAN

Jefferson College Workforce & Employment Services • 1000 Viking Drive • Hillsboro, MO 63050-2441  
(636) 481-3223 • TDD (636) 789-5772 • [www.jeffco.edu](http://www.jeffco.edu)

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LAST FIRST MI PREVIOUS NAME

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CURRENT ADDRESS CITY, STATE, ZIP CODE

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SOCIAL SECURITY NUMBER DATE OF BIRTH EMAIL

Do you have a high school diploma? Yes  No  HiSET Yes  No  Please attach copy with application.

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HOME PHONE NUMBER CELL PHONE NUMBER

*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.*

## The Essential Functions Of The Manufacturing Technician

I UNDERSTAND THAT I MAY RECEIVE UP TO 5 CERTIFICATES UPON COMPLETION OF THE PROGRAM INCLUDING THE CERTIFICATIONS LISTED BELOW. RECEIPT OF SOME CERTIFICATIONS WILL BE DEPENDENT ON SUCCESSFUL COMPLETION OF RELATED EXAMS.

- OSHA 10
- MSSC SAFETY
- MSSC QUALITY PRACTICE AND MEASUREMENT
- JEFFERSON COLLEGE MANUFACTURING TECHNICIAN
- STATE OF MISSOURI MMPT LEVEL 1.

Following appropriate instruction and supervision of the charge personnel, student learning objectives include:

- Work in a safe and productive manufacturing environment
- Perform safety and environmental assessments
- Perform emergency drills and participate in emergency teams
- Participate in safety training including equipment safety training
- Suggest processes and procedures that support a safe work environment
- Fulfill health and safety requirements for maintenance, instillation, and repair
- Monitor safe equipment and operator performance
- Participate in internal quality audit activities
- Check and document calibration of gauges and other measurement equipment
- Suggest continuous improvement
- Inspect material and product at all stages to ensure they meet specifications
- Document the results of quality tests
- Communicate quality problems and take corrective action to ensure quality
- Record outcomes and trends
- Identify fundamentals of blueprint reading
- Use common measurement systems and precision measurement tools

**I have read the above statement and have answered to the best of my knowledge,**

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Signature of Applicant

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Date

Please complete the following:

- 1) Do you have any prior experience working in the manufacturing industry?  Yes  No  
If yes, please provide a brief summary of your experience:

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- 2) Do you have sufficient access to a personal computer/internet to complete course requirements?  Yes  No  
If no, how do you plan to complete this course?

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- 3) Are you proficient:
- a. using a personal computer? Yes \_\_\_\_ No \_\_\_\_
  - b. in Microsoft Word? Yes \_\_\_\_ No \_\_\_\_
  - c. In Microsoft Excel? Yes \_\_\_\_ No \_\_\_\_

- 4) Do you understand this course will require a hands-on lab experience?  Yes  No

**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.

**I have read the above statement and have answered to the best of my knowledge,**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date