



**Computer Information
Systems(CIS)Application/Registration
Form
Jefferson College
PLEASE PRINT**

(Some programs of study require a social security number in order to comply with employment background check and drug testing requirements.)

Office Use Only

Data Entry

- Banner _____
Date _____
 jobs.mo.gov

Today's date:

STUDENT INFORMATION

Last name:		First:	Middle:	Birth date: / /	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:				City:	State, ZIP Code:	
Contact phone #: Alternate phone#:		Social Security#:		Email address:		
Ethnicity: <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Other		Are you of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but work authorized Registration # _____		

DISABILITY/EMPLOYMENT/MILITARY/SCHOOL INFORMATION

DISABILITY INFORMATION		TAA/TRA INFORMATION	
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	If disabled Veteran, what % _____	Are you eligible for TAA/TRA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT INFORMATION

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> No	If yes, who is your employer? _____
Do you receive Unemployment Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your occupation? _____
Are you currently receiving any of the following benefits? <input type="checkbox"/> General Assistance <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> Food stamps <input type="checkbox"/> SSI <input type="checkbox"/> Temporary Assistance (TANF)	What are your current monthly gross earnings? \$ _____ Total Number of people in household _____

MILITARY INFORMATION

Have you completed your Selective Service Registration? <input type="checkbox"/> Yes # _____ <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (Males born on or after 1/1/60) Attach Verification			
Are you a US Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Military Service	From (dates) / /	To (dates) / /
			Are You a Spouse to a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

SCHOOL INFORMATION

Are you currently attending College? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of College:	Highest Educational Level Completed: <input type="checkbox"/> Less than HS Diploma/ no GED <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College, no degree <input type="checkbox"/> Completed AA/AAS degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Study above Bachelor's
Semester: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER Year: _____	Are you Full time or Part time? <input type="checkbox"/> Full Time (12 or more credit hours for fall/spring, 6 or more credit hours for summer) <input type="checkbox"/> Part Time (less than 12 for fall/spring, less than 6 for summer)		
What is your major?	Have you previously enrolled in remedial coursework? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If UNDECIDED , what majors are you considering?			
What is your educational goal?	<input type="checkbox"/> Non-credit certificate completions <input type="checkbox"/> Credit 1 year certificate <input type="checkbox"/> Credit less than 1 year certificate <input type="checkbox"/> Associate Degree		

Emergency Contact Information (Please provide 2 contacts)

Full Name: _____
Last First Middle initial

Address: _____
Street Address

_____ City State Zip

Primary Phone: () Alternate Phone: ()

Relationship: _____

Full Name: _____
Last First Middle initial

Address: _____
Street Address

_____ City State Zip

Primary Phone: () Alternate Phone: ()

Relationship: _____

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 PROGRAM OR PROSECUTION UNDER THE LAW. WE ARE ASKING YOU TO PROVIDE VOLUNTARILY YOUR SOCIAL SECURITY NUMBER SO THAT THIS AGENCY CAN PROVIDE ASSISTANCE TO YOU IN THE MOST TIMELY 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.

I GIVE PERMISSION TO THE MISSOURI CAREER CENTERS AND JEFFERSON COLLEGE TO EXCHANGE INFORMATION REGARDING MY MoHealthWINS APPLICATION/ELIGIBILITY AND PROGRAM PARTICIPATION.

Applicant's Legal Signature

Date

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 Veterans status be subject to discrimination in employment or in admission to any educational program or activity of the college. If accommodations for a disability are needed, please call Sundaye Harrison at (636)481-3169 or (636) 797-3000 ext 3169. Individuals with hearing/speech impairments may call TDD phone number (636)789-5772 (Hillsboro).

This workforce solution was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The solution was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership.

TO BE COMPLETED BY MISSOURI CAREER CENTER AND/OR COLLEGE STAFF ONLY

MOHealthWINS Eligibility Determination

Welcome Process/Core Registration Completed _____
Staff initials/date

Attach copy of Social Security card and Driver's License/State ID

Trade Adjustment Assistance (TAA)Eligible Documentation _____

Unemployed Documentation _____

Underemployed Documentation _____

- Employed part-time and desires full time employment and/or is available for full-time work
- Employed at a job that does not fully use one's skills or abilities
- Employed at a job that does not allow the individual to utilize his/her demonstrated level of educational and/or skill achievement

Low Skilled

Applicant appears to qualify for MoHealthWINS. (This does not guarantee acceptance into specific training program.)

Individual qualifies for Veteran's Priority of Service based on DOL's Guidance

Referred to WIA? Yes _____ No Reason _____
Date

Applicant does not appear to qualify for MoHealthWINS Program at this time. Refer to Jefferson College Admissions to discuss educational options.

 Missouri Career Center Skills Team Member Date _____
 636.287.8909

 Trade Act Assistance Representative Date _____
 636.287.8909, ext. 265

 Jefferson College Representative Date _____
 636.797.3000 Ext. _____

Career Center staff will notify Jefferson College Admissions by email of MoHealthWins status:
imesey@jeffco.edu, kharvey@jeffco.edu, kjohnsto@jeffco.edu, bolson@jeffco.edu, lklaus1@jeffco.edu, and kwilso20@jeffco.edu

All original applications will be forwarded to Admissions @ Jefferson College, 1000 Viking Drive, Hillsboro, MO 63050 for review and retention.



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JEFFERSON COLLEGE USE ONLY

MoHealthWINS Application Received by Admissions on: _____
Date

Application for Admission to Jefferson College completed: _____
Date

If applicable, student referred to complete Compass Testing

Compass Testing completed on _____
Date

Scores: Reading _____ Math _____ Writing _____

ACT Testing completed on _____
Date

Scores: Reading _____ Math _____ Writing _____

Student notified of status (accepted/alternate/declined) _____
Date

If accepted:

Student Financial Services notified of acceptance (date completed): _____

Student enrolled in Banner under MoHealthWINS (date completed): _____

If alternate:

Student referred to Advising and Retention Center (Date Completed): _____

If declined:

Student referred to Advising and Retention Center (Date Completed): _____

If needed, student referred to Developmental Services (Date Completed): _____

College Representative Signature

Date

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