



Jones County Junior College

EMERGENCY TECHNOLOGY



PERSONAL INFORMATION

Last Name:			First:			Middle:		
Date of Birth:				SSN:				
Current Address:								
City:			State:			Zip Code:		
Home Phone:		Cell Phone:			Additional Phone:			
Are you at least 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO								
How far do you live from Jones County Junior College? _____ miles								
How long does it take you to get to school? _____ hours _____ minutes								
How did you hear about the Emergency Technology Program at JCJC? <input type="checkbox"/> School Website <input type="checkbox"/> College Preview Day <input type="checkbox"/> Personal Reference								
If personal reference, please list the reference: _____								
Do you have any obligations that would cause you to miss class? <input type="checkbox"/> YES <input type="checkbox"/> NO								
If you checked yes, please list your prior obligations: _____								

If you are accepted into the Emergency Technology Program do you plan to work? <input type="checkbox"/> YES <input type="checkbox"/> NO								
If yes, please list your schedule/hours:								
Sun.:		Mon.:		Tues.:		Wed.:		
Thurs.:		Fri.:		Sat.:				
What arrangements have you made with your employer to accommodate your school schedule?								

Do you plan to attend another school while you are enrolled in the Emergency Technology Program? <input type="checkbox"/> YES <input type="checkbox"/> NO If you checked yes, please list your hours and schedule below: _____								

Have you ever been enrolled in another Emergency Technology Program other than at JCJC? <input type="checkbox"/> YES <input type="checkbox"/> NO If you checked yes please list the name(s) of the program: _____								

Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If you checked yes, please explain: _____								

EMERGENCY CONTACT INFORMATION**Primary Contact Information**

Name:		Relationship:
Home Phone Number:		Cell Phone Number:
Address:		
City:	State:	Zip Code:

Secondary Contact Information

Name:		Relationship:
Home Phone Number:		Cell Phone Number:
Address:		
City:	State:	Zip Code:

EDUCATION EXPERIENCE**High School**

Name of School:		Year of Graduation:
Address:		
City:	State:	Zip Code:

College

Name of College:		Years Attended:
Major:		Year of Graduation:
Address:		
City:	State:	Zip Code:

College

Name of College:		Years Attended:
Major:		Year of Graduation:
Address:		
City:	State:	Zip Code:

College

Name of College:		Years Attended:
Major:		Year of Graduation:
Address:		
City:	State:	Zip Code:

**GED
(if applicable)**

GED Test Score:

MILITARY EXPERIENCE

Branch of Service:	Rank Received:
Dates of Service:	Special Training/Schools:

WORK EXPERIENCE

Employer Information

Employer:	Phone Number:	
Title/Position Held:	Dates of Employment:	
Address:		
City:	State:	Zip Code:

Employer Information

Employer:	Phone Number:	
Title/Position Held:	Dates of Employment:	
Address:		
City:	State:	Zip Code:

Employer Information

Employer:	Phone Number:	
Title/Position Held:	Dates of Employment:	
Address:		
City:	State:	Zip Code:

May we contact the above listed employers? YES NO

REFERENCES

(Excluding Relatives)

First Reference

Name:	Relationship:	
Address:	City:	
State:	Zip Code:	Phone Number:

Second Reference

Name:	Relationship:	
Address:	City:	
State:	Zip Code:	Phone Number:

Third Reference

Name:	Relationship:	
Address:	City:	
State:	Zip Code:	Phone Number:

VERIFICATION SIGNATURE

I certify that the above listed information is true and correct. I also acknowledge that I have received a copy of this application.

Applicant Signature: _____ Date: ____/____/____

INFORMATION RELEASE FORM

Equal opportunity is given to all applicants regardless of race, creed, national origin, sex, age, or individuals with disabilities.

I certify that the answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I authorize the companies, schools, or persons named herein to give information regarding my employment, character, and qualifications, together with any information they may have regarding me, whether or not it is in their records. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if enrolled, cause my immediate dismissal.

My health information will be recorded on the medical report form supplied by the Emergency Technology Program and returned to the Program Director prior to the specified date. If selected for entry into the program, I agree to submit myself to a physical examination, by my physician, at my expense.

If accepted into the program, I authorize the school to release to perspective employers my information regarding my enrollment with the school or the information set forth in this application or gained by the school from any other companies, schools, or persons named in this application to give information regarding my employment, character, qualifications, and information they may have, regarding me, whether or not it is in their records. I hereby release the school from all liability for any damage for issuing this information

Signature of Applicant:

Date:

HEALTH CARE INFORMATION/REQUIREMENTS UPON ACCEPTANCE INTO THE EMERGENCY TECHNOLOGY PROGRAM

After you receive your acceptance letter into the Emergency Technology Program at Jones County Junior College you must complete a health questionnaire, have a complete physical, and have a physical agility test. You need to begin your Hepatitis B series of shots at your physician's office or the local health department. There are 3 shots in this series.



Jones County Junior College

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APPLICATION CHECKLIST (ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED)

Applicant's Name: _____ SSN: _____

- Admission to Jones County Junior College
- Health Occupations Application
- High School Transcripts
- College Transcripts
- GED
- ACT Score (16 or Higher)
- TABE Score of 10 (To arrange testing call 601-477-4117)
- Copy of current driver's license
- Copy of CPR and Health Care Provider card

ACCEPTANCE CHECKLIST (DUE IF ACCEPTED INTO PROGRAM)

- Updated Immunizations Record
- Physical Examination Report (to schedule please contact the school nurse at 601-477-4104)
- Physical Agility Report (to schedule please contact the school nurse at 601-477-4104)
- Proof of Hepatitis B vaccination or signed declination of immunization form
- Negative TB Skin Test
- Proof of Health Insurance

This list is included to provide you as a means of insuring all application materials have been submitted. In addition, please make sure all information is legible and that all requested information is documented on your application. Addresses, telephone numbers, and supervisor names, if applicable, should be included

DISABILITY NOTICE

Jones County Junior College students who wish to obtain educational accommodations due to qualifying disabilities should contact Ms. Jacquelyne Barnett EdS, LPC, ADA/504 Coordinator, Terrell Tisdale Library, Student Success Center, 601-477-4083. Documentation of disability may be required. Grievance procedures related to this area are available in this office.

STATEMENT OF NON-DISCRIMINATION

Jones County Junior College does not discriminate on the basis of race, color, national origin, age, sex, or disability in its programs, activities, or employment practices. The following persons have been designated to handle inquiries and grievances regarding the non-discrimination policies: (ADA/ Section 504) Ms. Jacquelyne Barnett EdS, LPC, ADA/504 Coordinator, Terrell Tisdale Library, Student Success Center, 601-477-4083, ADA Coordinator, Jones County Junior College, 900 South Court Street, Ellisville, MS 39437, 601-477-4028; (Title IX) John M. Carter, Title IX Coordinator, Jones County Junior College, 900 South Court Street, Ellisville, MS 39437, 601-477-4161.

Jones County Junior College
Health and Human Services Programs
Ellisville, Mississippi 39437

Report of Medical Examination

Name: _____

Address: _____

Social Security Number: _____ / _____ / _____ Telephone: _____

I hereby authorize the information contained herein to be released to Jones County Junior College for such purposes as they may desire, without prejudice to them. This information is to be kept in their confidential files. I understand that any false information I give for this record may result in the immediate termination of my enrollment in the program.

Applicant Signature: _____ Date: _____

Medical History

Please indicate if you have ever experienced any of the following. If you answer yes in any space, please explain in the space provided.

	YES	NO		YES	NO
Epilepsy			Stomach Trouble		
Fainting			Back Trouble		
Heart Trouble			Operations		
Cancer			Asthma		
Accidents			Kidney Trouble		
Compensation Injury			Diabetes		
Mental Trouble			Armed Forces		
Rheumatism			Menstrual Trouble		
Nervousness			Date of Last Period		
High Blood Pressure			Current Medications		
Other (Explain)			Other (Explain)		

Please include an explanation for any yes answers

This Form Should Be Completed By a Licensed Physician or Nurse Practitioner

1. Head _____ Neck _____ Nose _____ Teeth _____ Tonsils _____ Thyroid _____	Eyes: Near vision w/o Glasses _____ With Glasses _____ Distant Vision w/o Glasses _____ With Glasses _____ Color Perception RED/GREEN YELLOW/GREEN
2. Hearing R____L____	Heart:
3. Thorax Lungs	Abdomen:
4. Hernia R____L____	Spine:
5. Upper Extremities R____L____ Joints Arms Hands	Lower Extremities R____L____ Joints Legs Feet Vericose Veins
6. Skin	Genitalia
7. Emotional Stability	History of Medical Illness
TB Skin Test _____	Varicella Titer _____
HBV Vaccine _____ (optional except for EMT students)	HIV Test (optional for all students)
Current Prescription Medications	Purpose of Medications

Is the student capable of participating in physical training, calisthenics, and light weight lifting?
Yes____No____

Please indicate any abnormal item by number(s): _____

Physical Recommendation: _____

A=Accept

B=Acceptable with abnormalities present

C=Acceptable only if abnormalities are corrected

D=Unacceptable

Comments: _____

Physician Signature: _____ Date: _____