



Jones County Junior College

EMERGENCY TECHNOLOGY



APPLICATION DEADLINE FOR SPRING 2010 CLASS IS NOVEMBER 9, 2009

PERSONAL INFORMATION		
Last Name:	First:	Middle:
Date of Birth:	SSN:	
Current Address:		
City:	State:	Zip Code:
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? YES 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

For acceptance 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 performed and signed off by the campus nurse. The forms for these requirements are located at the nurse's office. The cost of the physical examination is \$25.00 and the agility test is \$10.00. Also if you have not had your Hepatitis B series of shots you can have them given to you by the campus nurse for a cost of \$41.00 each. There are 3 shots in this series. You must have already had these immunizations, have begun the series, or signed a letter of declination upon starting the Emergency Technology Program at Jones County Junior College.



Jones County Junior College

EMERGENCY TECHNOLOGY



REMEMBER, THE DEADLINE FOR APPLICATIONS FOR THE SPRING 2010 CLASS IS NOVEMBER 9, 2009

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. Katie Murphy, ADA/504 Coordinator, Office 117, Hutcheson-Hubbard Administration Building, 601-477-4028. 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) Katie Murphy, 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.