**APPLICATION GUIDELINES**

It is the applicant’s responsibility to make sure that steps below have been completed.

* Completion of the Manufacturing Technology Academy Application
* Admission to Modesto Junior College (MJC)
* Completion of MJC Math, English and Reading Assessments, prior to program application deadline.
* Unofficial copy of transcripts and certifications for courses identified in the Manufacturing Technology Academy Application

OPTIONAL:

* Letter of Recommendation to the Program from a local employer committing to accept you as an intern or employment following your completion of the Manufacturing Academy Program.

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| --- | --- | --- |
| Application may be mailed to:  [Post Marked by 11/16/2016] | Or | Submitted in person to: |
| c/o Manufacturing Academy  CTE & Workforce Dev. Division Office  Modesto Junior College (West Campus)  435 College Avenue  Modesto, CA 95350 |  | CTE & Workforce Dev. Division Office  Sierra Hall Building, Rm. 255  Modesto Junior College (West Campus)  2201 Blue Gum Avenue  Modesto, CA 95358 |

**Application deadline is November 16, 2016 by 12pm.**

**ACCEPTANCE & SELECTION PROCESS:** In the event there are more qualified applicants than space available in the Program, a randomized selection process will be implemented.  If there is still space available, applicants who have required courses in progress at time of application will be considered for acceptance, on a space available basis, once the in-progress coursework has been completed with a grade of C or better.

**IMPORTANT DATES:**

* **REQUIRED OREINTATION FOR ACCEPTED STUDENTS:** December 14, 2016

10:00am – 12:00PM

* **SPRING SEMESTER:**

January 9 - April 28, 2017

* **SUMMER SEMESTER:**

May 8 – July 13, 2017

* **GRADUATION:**

July 14, 2017

**BACKGROUND CHECK & DRUG SCREENING:**Before student can be considered for opportunities in work-experience, internship or career placement at industry sites, student is required to show proof of recent:

* Completion of background checks via a Certificate of Verification
* Passing drug screening

**Application**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Information | | | |
| Last Name  Type Last Name | First Name  Type First Name | M.I. | Date  9/19/2016 |
| Street Address | | Apartment/Unit # | |
| City | State | Zip Code | |
| Home Phone Number | E-mail Address | | |
| Cell Phone Number | MJC W# | Driver’s License #/Type | |
| Physical Ability: Are you able to sit, stand, bend, and lift 25 lbs. or more for repetitive or prolonged periods of time?  If No, please explain: | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TRaining AND/OR College history | | | | | | |
| Enrollment Status:  If Previous Certificate or Degree Please List  Award Title:       School:       Year:  Award Title:       School:       Year: | | | | | | |
| **Manufacturing Related Classes Completed:**  Course Name | | Units/Year | | School | |  |
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| EMPLOYMENT HISTORY | | | | | | |
| Are you presently working?  Hours Per Week: | | | Schedule: | | | |
| **PLEASE LIST YOUR WORK EXPERIENCE BELOW:** | | | | | | |
| EMPLOYER: |  | | JOB TITLE: | |  | |
| DUTIES: |  | | EMPLOYMENT PERDIOD: | |  | |
| EMPLOYER: |  | | JOB TITLE: | |  | |
| DUTIES: |  | | EMPLOYMENT PERIOD: | |  | |
| EMPLOYER: |  | | JOB TITLE: | |  | |
| DUTIES: |  | | EMPLOYMENT PERDIOD: | |  | |
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| DUTIES: |  | | EMPLOYMENT PERIOD: | |  | |