



PLEASE PRINT

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 # : (      )		MCC Student ID # (if applicable)		SSN:	
Ethnicity: (optional) <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <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	
Military status: <input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input type="checkbox"/> Reservist <input type="checkbox"/> N/A			Email address:		
EMPLOYMENT INFORMATION / WORK EXPERIENCE / CAREER GOALS					
Are you currently employed?		<input type="checkbox"/> Yes, Full Time <input type="checkbox"/> Yes, Part Time <input type="checkbox"/> No		If <b>yes</b> , who is your employer?	
If <b>yes</b> , how would you classify your job field?		<input type="checkbox"/> Construction <input type="checkbox"/> I.T. <input type="checkbox"/> Legal <input type="checkbox"/> Financial Services <input type="checkbox"/> Engineering <input type="checkbox"/> Gov't/Nonprofit <input type="checkbox"/> Healthcare <input type="checkbox"/> Other (specify):		What is your current job title?  Is your employer providing financial assistance for this program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
How many years experience do you have working as an application developer: <input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7+					
If applicable, briefly describe your role working on an application development team:					
If applicable, briefly describe the application technologies you have worked with:					
Briefly describe your short term (1-2 year) and intermediate term (3-5 year) career goals:					
If applicable, how many hours per week do you plan to work while attending the MCC Code School? <input type="checkbox"/> 0 <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31+					
EDUCATION EXPERIENCE / EDUCATION GOALS					
How many years of post-secondary education have you completed: <input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7+					
Are you currently enrolled in courses, a degree or some other formal education program? If so, list them and the institution:					
Have you earned one or more post-secondary degrees or certifications? If so, list them, the date earned and the institution:					
Describe high school or post-secondary formal education IT-related courses you have completed:					
Have you completed self-study to achieve competencies in application development? If so, describe the topics you have studied and the method:					



## EQUAL OPPORTUNITY IS THE LAW

### Nondiscrimination and Equal Opportunity Statement

Metropolitan Community College does not discriminate on the basis of race, color, national origin, genetic information, religion, sex, sexual orientation, gender identity, transgender status, marital status, age, pregnancy, disability, current or prior military service, protected veteran status or membership in any other class that is protected under local, state or federal law or regulation in admission or access to its programs and activities or in its treatment or hiring of employees. The College complies with Title VI of the Civil Rights Act of 1964, the Civil Rights Act of 1990, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975 and related Executive Orders 11246 and 11375, and all amendments to the above.

#### Contacts:

Concerning Title VI (race), Title IX (gender equity), Section 504 (disability), Americans with Disabilities Act/Program and Services Accessibility and age, contact:

- **Julie Langholdt** – Dean of Student Advocacy and Accountability: 531-622-2202, [jlangholdt@mccneb.edu](mailto:jlangholdt@mccneb.edu) (students);
- **Missy Beber** – Associate Vice President of Human Resources: 531-622-2236, [mlbeber@mccneb.edu](mailto:mlbeber@mccneb.edu) (employees);
- **Bernie Sedlacek** – Director of Facilities Management, Planning and Construction: 531-622-2529, [bsedlacek@mccneb.edu](mailto:bsedlacek@mccneb.edu) (accessibility);
- or the **United States Department of Education** Assistant Secretary for Civil Rights – Office for Civil Rights (OCR): 1-800-421-3481, [ocr@ed.gov](mailto:ocr@ed.gov).

Concerning hiring and employment-related complaints of discrimination or harassment based on race, color, national origin, genetic information, religion, sex, sexual orientation, gender identity, transgender status, marital status, age, pregnancy, disability, current or prior military service, protected veteran status or membership in any other class that is protected under local, state or federal law or regulation, or affirmative action or diversity issues, contact:

- Associate Vice President for Equity and Inclusion: 531-622-2649, [cgooch@mccneb.edu](mailto:cgooch@mccneb.edu).

The address for all of the above individuals is as follows:

Metropolitan Community College  
30th and Fort streets  
P.O. Box 3777  
Omaha, NE 68103-0777

By signing this form, I certify that I have read and understand the Equal Opportunity statement above.

**PRINTED NAME**

**STUDENT SIGNATURE**

**DATE**



**CONFIDENTIAL RELEASE and CONSENT**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Metropolitan Community College: Code School is hereby authorized to receive and disclose the following information from the above stated individual. The following identifying information from record in their/our possession may be disclosed and/or received. Please mark yes next to the information that will be requested and no to items that are not included in this request:

Yes	No	I hereby authorize Metropolitan Community College: Code School to verify employment (title, wage, start date, average hours, promotions, end date), contact my employer to provide information regarding my current employment status. I understand that a MCC Code School staff may contact my employer upon completion and during follow up to verify my employment. I further understand that this information is for the express use of the Partners, and will be used for statistical tracking.
<input type="checkbox"/>	<input type="checkbox"/>	

This authorization to verify employment records and other such information may be revoked at any time except to the extent that the action has already been taken; otherwise, this authorization will expire 1 year from the date signed. I understand information in my file may be reviewed by state and/or federal compliance staff or local board members.

By signing this form, I certify that I have read, understand and accept the Confidential Release and Consent Forms.

**PRINTED NAME**

**STUDENT SIGNATURE**

**DATE**



## ADMISSIONS PROCESS:

Applicants are notified of admission status by U.S mail and/or the email address provided in this application. Applicants are responsible for notifying MCC staff if contact information changes during the admissions process. Applicants must be a minimum of 18 years or older to apply. Application information and guidelines are subject to change without notice. *Submission of application does not guarantee acceptance in the program.* If an applicant is not accepted for any reason, individual can submit application for future deadlines.

Steps to complete an application submission:

Step 1: Print, complete and sign all pages within this document.

Step 2: Email signed application materials and resume to [MCCCodeSchool@mcneb.edu](mailto:MCCCodeSchool@mcneb.edu) by the application deadline listed within this document OR drop-off signed application materials at the Workforce Innovation Division office at MCC Fort Omaha Campus, Building 24, Room 211.

Step 3: Selected applicants will participate in a phone interview.

Step 4: Applicants will be notified of their application status.

Step 5: Selected applicants are required to complete a skills assessment.

Step 6: Selected applicants are required to attend an in-person interview with a skills demonstration.

## APPLICATION DEADLINES:

Application open date.	September 1
Application deadline date.	January 15
Admitted applicants notification	February 15
Program payment in full due date.	March 4
Program begins.	March 17

## ACKNOWLEDGMENT OF STUDENT RESPONSIBILITY:

Applicants must initial in the corresponding boxes below to acknowledge they have read and accept program terms and conditions:

<input type="checkbox"/>	I understand that I am responsible for completing the application document in its entirety, providing a resume and submitting these items on or before the application deadline to guarantee application review.
<input type="checkbox"/>	I understand that tuition and book fees must be paid in full or an assigned corporate contract is required by 30 days before the start date of the session.
<input type="checkbox"/>	I understand that if I drop the program prior to the first day of class, a non-refundable administrative fee of \$500 will be accrued.
<input type="checkbox"/>	I understand that code school tuition is non-refundable on or after the first day of class and that payment guarantees must be fulfilled even if I do not complete the session.
<input type="checkbox"/>	I understand that submission of an application does not guarantee acceptance into the program. If an applicant is not accepted, the individual can submit application for future deadlines.

By signing this form, I certify that I have read and understand the Application process, deadlines, terms and conditions, and that to the best of my knowledge, all the information provided in this document is true and correct.

**PRINTED NAME**

**STUDENT SIGNATURE**

**DATE**