South Mississippi Regional Center

Human Resources
Contract Application Packet

- ○ Essential Functions of Job and Job Related Documentation
- ○ Contract Worker Information Sheet
- ○ State of Mississippi Employment Application or Professional Staff Application
- ○ Release of Information Form
- ○ Personal Reference Check and Consent Form
- ○ New Employee Background Questionnaire
- ○ Fingerprinting and Background Check Policy/Acknowledgment Form
- ○ Department of Human Services Abuse Registry Check
- ○ Public Employees Retirement System-Non-Covered Employment Acknowledgement (Form 4A)
- ○ Re-employment of PERS Service Retiree Certification/Acknowledgement (Form 4B) (To be completed by State Retirees)
- ○ Description of Services and Requirements
- ○ Contract Proposal Form

The following documentation and applicable test are required for employment

- ○ Original Social Security Card
- ○ Valid Work Authorization Card - Green Card - Alien Card (If applicable)
- ○ State Issued Picture ID (Driver's License/Passport/Student ID, etc.)
- ○ Original High School Diploma or Transcript, GED Score Sheet, Applicable Credentials
- ○ Selective Service Form (Males under the age of 26)
- ○ Successful Background/Fingerprint Checks
- ○ Sex Offender Check
- ○ Drug Test
- ○ TB Test
  - ○ Step 1
  - ○ Step 2
- ○ State of Mississippi Rehire Eligibility
- ○ Human Resources Staffing Location Schedule Form
- ○ MS Driver's License (approved driver for community programs)

South Mississippi Regional Center

Lori V. Brown, Director

A Program of the Mississippi Department of Mental Health
Providing services for citizens with intellectual and developmental disabilities.

CONTRACT WORKER INFORMATION SHEET

DATE:_____

Name (First/Middle/Last)	
Mailing Address	
City/State/Zip Code	
Permanent/Physical Address (if different from mailing address)	
Home Telephone	
Cell/Mobile Telephone	
Email Address	
Social Security Number	
Date of Birth (mm/dd/yyyy)	
EMERGENCY CONTACT	
Name	
Relationship	
Telephone Number	
Alternate Telephone Number	

1170 West Railroad Street, Long Beach, Mississippi 39560-4199 228.868.2923 phn 228.865.9364 fax www.smrc.ms.gov

STATE OF MISSISSIPPI APPLICATION

Return Completed Application to:
Mississippi State Personnel Board
210 East Capitol Street, Suite 800
Jackson, MS 39201
www.mspb.ms.gov

For Staff/Official Use Only

Received: _____

Important! Please Read Before you begin the application process:

Applicants must complete and attach the "Supplemental Questions" page when applicable. This page is located on the MSPB website Job Openings screen. Scroll down to the bottom of the screen and click the preferred job; when the description is displayed, click "Print Job Information." Applications failing to include this page or lacking sufficient information will be returned to the applicant as invalid. Please ensure your application is received by the closing date as indicated on the job posting.

-TYPE OR PRINT IN BLACK INK-

JOB INFORMATION

POSITION #:	POSITION TITLE:

PERSONAL INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE	
MONTH AND DATE OF BIRTH	WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? ☐ EMAIL OR ☐ PAPER	
EMAIL ADDRESS		

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

☐ Some High School ☐ Some College ☐ Associate's Degree ☐ Master's Degree ☐ Doctorate Degree
☐ High School ☐ Technical College ☐ Bachelor's Degree ☐ Specialist's Degree

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G.E.D.? YES ☐ NO ☐

IF NO, WHAT WAS THE HIGHEST GRADE LEVEL COMPLETED? 7 ☐ 8☐ 9☐ 10☐ 11☐ 12☐

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	

SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	

SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	

CERTIFICATES & LICENSES

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

WORK HISTORY

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐
DUTIES		

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐
DUTIES		

WORK HISTORY

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐
DUTIES		

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐
DUTIES		

AGENCY WIDE QUESTIONS

1. ARE YOU CURRENTLY EMPLOYED WITH THE STATE OF MS? YES ☐ NO ☐

2. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY AND YOUR CURRENT JOB TITLE. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)

_____ (AGENCY NAME) _____ (CURRENT JOB TITLE)

3. HAVE YOU BEEN SEPRATED WITHIN THE LAST 12 MONTHS FROM THE STATE OF MS DUE TO A REDUCTION IN FORCE (RIF)? YES ☐ NO ☐

4. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY, YOUR PREVIOUS JOB TITLE, AND THE DATE OF YOUR RIF SEPARATION. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)

_____ (AGENCY NAME) _____ (PREVIOUS JOB TITLE) _____ (DATE OF RIF)

5. ARE YOU A VETERAN OF THE ARMED FORCES? ☐ YES ☐ NO
(IF YOU INDICATED "YES", YOU MUST ATTACH A COPY OF YOUR DD214 OR OTHER PROOF OF SERVICES.)

6. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED? ☐ YES ☐ NO

7. ARE YOU AN ADULT MALE BORN ON OR AFTER JANUARY 1, 1960 WHO REGISTERED FOR SELECTIVE SERVICE BETWEEN THE AGES OF 18 AND 25?
☐ YES ☐ NO

TO MEET THE REQUIREMENTS OF FEDERAL REGULATIONS, MSPB NEEDS TO COLLECT INFORMATION ON THE QUESTIONS BELOW FOR REPORTING PURPOSES ONLY. THIS INFORMATION WILL NOT BE USED FOR MAKING EMPLOYMENT DECISIONS. (OPTIONAL)

8. INDICATE YOUR RACE	9. INDICATE YOUR GENDER	10. AGE GROUP:
☐ AMERICAN INDIAN	☐ MALE	☐ UNDER 18
☐ WHITE	☐ FEMALE	☐ 18-25
☐ HISPANIC		☐ 26-39
☐ BLACK		☐ 40-54
☐ ASIAN		☐ 55-69
☐ Other		☐ 70+

ADDITIONAL INFORMATION

Additional Information (other schools or training; special qualifications; honors and awards; etc.):

APPLICANT DECLARATIONS

By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the Mississippi State Personnel Board and any agency considering me for employment. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligibles, and/or dismissal from state service. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

X_____ SIGNATURE OF APPLICANT _____ DATE

SUPPLEMENTAL QUESTIONS

Applicants must complete and attach the "Supplemental Questions" page when applicable. This page is located on the MSPB website Job Openings screen. Scroll down to the bottom of the screen and click the preferred job; when the description is displayed, click "Print Job Information." Applications failing to include this page or lacking sufficient information will be returned to the applicant as invalid. Please ensure your application is received by the closing date as indicated on the job posting.

ADDITIONAL WORK HISTORY

JOB INFORMATION

JOB NUMBER:	POSITION TITLE:

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	

SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES ☐ NO ☐	DATES ATTENDED
SCHOOL LOCATION (CITY/STATE)	MAJOR	

CERTIFICATES & LICENSES

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

WORK HISTORY

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐
DUTIES		

South Mississippi Regional Center

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ESSENTIAL FUNCTIONS OF THE JOB
PHYSICAL REQUIREMENTS

Physical requirements are not exhaustive, and additional job related physical requirements may be added to these by SMRC on an as needed basis. Corrective devices may be used to meet physical requirements.

Moderate Work: May frequently exert force equivalent to lifting up to approximately 1/4 of one's body weight or at least 25 pounds. Must be able to apply safe lifting techniques as taught by SMRC instructors.

Vision: Requires the ability to perceive the nature of objects by the eye.

- Near Acuity: Clarify of vision at 20 inches or less
- Midrange: Clarify of vision at distances of more than 20 inches and less than 20 feet.
- Accommodations: Ability to adjust focus.

Speaking/Hearing: Ability to give and receive information through speaking and listening skills.

Motor Coordination: While performing the duties of job you will be regularly required to walk, use hands and fingers, handle or feel objects or controls, and reach with hands and arms. Also, you will be frequently required to stand, sit, stoop, kneel, crouch or bend.

Smell: Ability to use the sense of smell to recognize and distinguish odors.

I have read above the Essential Functions of the Job-Physical Requirements for the position I am applying and attest by my signature below that I am able to perform these essential functions of the job with and without any special accommodations.

_____	_____
Applicant Printed Name	Date
_____	_____
Applicant Signature	Witness Signature

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RELEASE OF INFORMATION

In order to provide South Mississippi Regional Center with information that may be useful in its hiring decision, I hereby authorize any person, school, current or former employer, organization, or entity disclosed in my resume, application, or interview process to provide any information regarding me. I understand that the information will be used in good faith. I unconditionally release each person, school, employer, organization or entity who provides information or opinion all liability from damages that may result from furnishing such information and in making such statements. I further release South Mississippi Regional Center, its officers, employees, and agents, both in their official and individual capacities, from any and all legal liability for damages that result from the use or disclosure of such information.

Applicant - Printed Name

Date

Applicant Signature

Witness Signature

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SOUTH MISSISSIPPI REGIONAL CENTER

REFERENCE CHECK AND CONSENT FORM

I, _____, as a job applicant, authorize South Mississippi Regional Center to contact the persons or organizations listed below for the purposes of obtaining current and previous employment reference information contained in my personnel file(s). These persons are authorized to disclose such information:

Name	Company	Phone Number

Does/did the candidate maintain a good attendance record? ☐ Yes ☐ No (if no, please describe the problem.)

Are there/were there any issues with punctuality? ☐ Yes ☐ No (If yes, please describe the problem.)

Why did the candidate leave your employment?

Is there anything else significant that we should know in considering this candidate for a position taking care of individuals with intellectual and developmental disabilities? ☐ Yes ☐ No (If yes, please describe the problem.)

Would you re-employ this individual? ☐ Yes ☐ No (If no, please explain why.)

Should we call you for additional information? ☐ Yes ☐ No (If yes, please provide contact number.)

_____ _____ _____

Applicant's Printed Name | Date | Applicant's Signature

_____ _____ _____

Interviewer's Printed Name | Date | Interviewer's Signature

South Mississippi Regional Center
Applicant Questionnaire

1. Have you ever been employed with any of the following Department of Mental Health agencies?

Please circle yes or no

Mississippi State Hospital	Y	N	North Mississippi Regional Center	Y	N
Hudspeth Regional Center	Y	N	South Mississippi Regional Center	Y	N
Boswell Regional Center	Y	N	Central Mississippi Residential Center	Y	N
Ellisville State School	Y	N	Mississippi Adolescent Center	Y	N
East Mississippi State Hospital	Y	N	North Mississippi State Hospital	Y	N
			Specialized Treatment Facility	Y	N

Employees are charged with the care and safety of vulnerable adults. In an effort to assure the safety of consumers, all employees are subject to background checks and fingerprinting for any relevant criminal activity. Negative results of a background check or fingerprinting can result in immediate dismissal or refusal to employ.

2. Have you ever been convicted of a criminal act? □Yes □No

   If yes, please explain:

   _____
   _____
   _____

3. Have you ever pled no contest, guilty, or been found guilty of a crime? This includes ALL traffic violations. □Yes □No

   If yes, please explain:

   _____
   _____
   _____

4. Have you ever been convicted of child abuse or neglect? □Yes □No

   If yes, please explain:

   _____
   _____
   _____

5. Have you ever been convicted of driving under the influence of drugs or alcohol? □Yes □No

   If yes, please explain:

   _____
   _____
   _____

South Mississippi Regional Center
Applicant Questionnaire

6. Have you ever been convicted of possession, use, or sale of narcotics? □Yes □No

   If yes, please explain:

   _____
   _____
   _____

7. Have you ever been convicted or pled guilty in any court of this state, another state, or in federal court of any felony in which public funds where unlawfully taken, obtained, or misappropriated in the abuse or misuse of your office or employment or money coming into your hands by virtue of your office or employment? □Yes □No

   If yes please explain:

   _____
   _____
   _____

8. If you have long periods of time between jobs (any gaps in employment), please explain.

   _____
   _____
   _____

9. How did you learn about this position at South Mississippi Regional Center?

   _____
   _____
   _____

_____	_____	_____
Applicant Name	Date	Signature
_____	_____	_____
Witness Name	Date	Signature

South Mississippi Regional Center

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A Program of the Mississippi Department of Mental Health
Providing services for citizens with intellectual and developmental disabilities.

FINGERPRINTING AND BACKGROUND CHECKS POLICY

To ensure compliance with State law and the Mississippi Department of Mental Health policies, South Mississippi Regional Center shall obtain fingerprints and request background information on employees, potential employees, volunteers and potential volunteers who have or may have unsupervised access to a client served by South Mississippi Regional Center.

It shall be the policy of South Mississippi Regional Center that our program follow the prescribed procedures in the hiring and retaining of employees or approving and retaining volunteers who will have direct access to clients.

Procedure:

1. Each employee, potential employee, volunteers and potential volunteer shall be fingerprinted by local law enforcement, with the results being forwarded to the Department of Public Safety.

2. If no disqualifying record is identified at the state level, the fingerprints shall be forwarded by the Department of Public Safety to the FBI for national criminal history record check, the cost of which will be borne by South Mississippi Regional Center.

3. No employee, potential employee, volunteer and/or potential volunteer who has a criminal history of conviction or pending indictment of a crime, whether misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of clients as specified in Section 45-31-12(5) of the Mississippi Code shall be employed or volunteer in a residential setting for clients.

4. Current employees and volunteers and prior to the offering of a position, potential employees or volunteers shall be advised:
   - That each person shall be fingerprinted,
   - That such records check shall be requested,
   - That the potential employee or volunteer must authorize fingerprinting and a records check in writing,
   - That it is the right of the Mississippi Department of Mental Health and South Mississippi Regional Center to require fingerprinting and a records check as a condition of employment or approval as a volunteer,
   - Of the right to challenge, within (14) calendar days, the agency's decision to refuse to hire or to terminate a person based on the results of such check.

5. No information received shall be re-disseminated to the fingerprinted person or any other employee not authorized by personnel, except as required by other pertinent law, and/or to inform the person of a negative result of such check.

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6. All records shall be received from the FBI via a secure fax machine or other secured means and shall be retained in a secure place for a minimum of thirty (30) days from the time the decision of whether or not to hire is made. After thirty (30) days, the records must then be destroyed by means of shredding.

I hereby acknowledge receipt of a copy of the Department of Mental Health Fingerprinting and Background Check Policy. I further understand that I am responsible for reading this policy and adhering to all requirements as contained therein. I further understand that as an employee of South Mississippi Regional Center it is required that I submit to fingerprinting and such fingerprinting will be submitted to the Mississippi Department of Public Safety and if no disqualifying record is found, these fingerprints will be submitted to the FBI by the Department of Public Safety.

I further understand that it is the right of the Department of Mental Health/South Mississippi Regional Center to require fingerprinting and a records check as a condition of employment. My failure to comply with this request will cause my employment to terminate.

The South Mississippi Regional Center is required to ensure that any information received will be maintained in strict confidence and will be destroyed after thirty (30) days. With the exception of any felony conviction record, only job related information would disqualify anyone from employment.

I understand that I have the right to challenge within fourteen (14) calendar days, the accuracy and completeness of any information received by the South Mississippi Regional Center as a result of the fingerprint check. I also understand my right to challenge, within fourteen (14) days, the decision of South Mississippi Regional Center to terminate my employment based upon the results of such a check.

My signature below is authorization for my submitting to fingerprints and such prints to be forwarded to the Mississippi Department of Public Safety and the FBI.

_____	_____
Applicant's Printed Name	Witness Printed Name
_____	_____
Applicant's Signature	Witness Signature
_____	_____
Applicant's Social Security Number	Date

Mississippi Department of Human Services
Child Abuse/Neglect (CA/N) Common Central Registry Application

To be completed by requesting Agency/Organization

Official Name of Requesting Agency / Organization & License #: South MS Regional Center

Requesting Agency/Org Mailing Address: 1170 West Railroad Street, Long Beach, MS 39560

Requestor's Name: Janis Hayden

Mailing Address: 1170 West Railroad Street

City: Long Beach State MS Zip Code 39560

Phone: 2288682923 Email: hayden@smrc.state.ms.us

Requestor's Signature: Date:

Check all That Apply

- ☐ MSA Foster/Adoption Agency
- ☐ Out of State/International Foster/Adoption
- ☐ MS Residential Child Care Facility
- ☐ Mental Health Facility/MH Residential Services
- ☐ MS Non Licensed Child Care
- ☐ MS Mentoring Program
- ☐ MS School District
- ☐ Out of State School District
- ☐ MS Community/Human Resource Agency
- ☒ MS Health Care/Nursing Home/ Hospital
- ☐ MS Youth Court/Non Violent Shelters
- ☐ Law Enforcement/Youth Challenge

To be completed by person being cleared

The Applicant's name & identifying information will provide unsupervised care and supervision of children as an:

☒ Employee ☐ Foster Resource Parent ☐ Adoption Resource Parent

☐ Relative Resource ☐ Volunteer/Internship ☐ Other (Please Specify)

This person's job/role is or will be:

Applicant Name:

Date of Birth: SSN: ☐ Male ☐ Female

(Requesting Agency should verify by viewing the applicant's Drivers License and Social Security card)

Phone Number(s) where applicant can be reached

Current Address:

City: State Zip Code

By signing this form, I give the above named agency/organization permission to request a MDHS Child Abuse/Neglect Central Registry background check. I understand, that this information will be used to determine my suitability in working with children and/or to be a foster/adoption resource for children. This information **will not be** re-disseminated to other persons or used for other purposes.

Applicant's Signature: _____ Date:

Witness' Signature: _____ Date:

To be completed by MDHS/DFCS Protection Unit State Office Central Registry Staff

A search of the Mississippi Child Abuse/Neglect Central Registry has been completed. MDHS releases only that information which is necessary to discover or prevent child abuse or neglect.

☐ No Felony Information Found ☐ Felony Information Found ☐ MDHS Licensure Policy Violation Found

☐ Substantiated Report Type: ☐ Physical Abuse ☐ Neglect ☐ Sexual Abuse ☐ Mental Abuse/Neglect

Substantiated Report Dates: Signature Stamp:

Reemployment of PERS Service Retiree Certification/Acknowledgement

Form 4B – Revised 12/1/2013

PERS of MISSISSIPPI

Please print or type in black ink. A Form 4B, Reemployment of PERS Service Retiree Certification/Acknowledgement, should be submitted each fiscal year (July 1 – June 30) of reemployment. ***See Regulation 34,*** **Reemployment after Retirement,** ***for rules governing reemployment.*** *Completed form should be mailed or faxed to PERS. See bottom of form for contact information.*

❶ Retiree Information

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Social Security No.: _____ E-Mail: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work Phone: _____ ☐ Cellular ☐ Home ☐ Work

Position/Agency from which Retired: _____ Retirement Date *mm/dd/ccyy*: _____

❷ Annual Retiree Acknowledgement and Election – *Please check one.*

I hereby acknowledge that I have read, understand, and agree to comply with the provisions for reemployment as outlined in PERS Board Regulation 34, *Reemployment after Retirement*, which stipulates that I must be retired at least 90 days or I forfeit my retirement benefit. With that understanding, I make the following annual election in accordance with Miss. Code Ann. § 25-11-127 (1972, as amended):

A. ____ I hereby elect to be employed by a covered employer for a period of time not to exceed one-half of the normal working days or hours for the full-time equivalent position during the state fiscal year indicated in Section 3, and I will receive no more than one-half of the salary in effect for the position at the time of employment. The normal working days or hours for the full–time equivalent position are _____ days or _____ hours and I will work no more than _____ days or _____ hours during the state fiscal year indicated in Section 3. The full-time annual salary authorized for this position is $_____ and I will earn no more than $_____ during the state fiscal year indicated in Section 3.

B. ____ I hereby elect to earn an annual salary that will not exceed 25 percent of the final average compensation used in calculating my service retirement allowance. My final average compensation at retirement was $_____ and I will earn no more than $_____ from all PERS-covered employers during the state fiscal year indicated below.

If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

Retiree's Signature: _____ Date *mm/dd/ccyy*: _____

❸ Employer Certification – *This section should be completed by an authorized employer representative, not the retiree.*

I hereby certify that the above-named individual, who is a service retiree receiving benefits from PERS, is employed in the below-named position in accordance with the reemployment provisions as authorized in Miss Code Ann. § 25-11-127 (1972 as amended) and in accordance with the provisions of PERS Regulation 34, *Reemployment after Retirement*. I understand that wages earned and paid to the above-named individual during this period of employment will be reported in accordance with reporting requirements prescribed by PERS and **the applicable employer contributions on the wages actually paid must be submitted**. I further understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution, and with that understanding, I certify that the below information is true and correct.

Retiree's Position /Job Title: _____ **Fiscal Year of Reemployment** *(July 1 - June 30)*: _____

Retiree's Hire Date *mm/dd/ccyy*: _____ **Termination Date** *mm/dd/ccyy*: _____

Employer Name: South MS Regional Center Employer No.: 069 - 065

Employer Representative's Name: Peggy McGrew Employer Representative's Title: Administrative Assistant

Employer Representative's Phone: (228) 867-1390 Fax: (228) 214-5581 E-Mail: _____

Employer Representative's Signature: _____ Date *mm/dd/ccyy*: _____

PERS of MISSISSIPPI

Non-Covered Employment Acknowledgment

Form 4A – Revised 12/1/2013

Complete only if employee is not receiving PERS service retirement benefits and is not contributing to PERS through another employer. Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

❶ Employee Information

First Name: _____ MI: _____ Last Name: _____ Gender: ☐ M ☐ F

Social Security No.: _____ Birth Date *mm/dd/ccyy*: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work Phone: _____ ☐ Cellular ☐ Home ☐ Work

❷ Employee Acknowledgment

I hereby acknowledge that I am not receiving service retirement benefits from PERS and that my employment does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, *Eligibility of Part-time Employees for State Retirement Annuity Service Credit*, and PERS Board of Trustees Regulation 36, *Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS)*, and that I, therefore, am not eligible for coverage for this employment under the provisions of PERS. *If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.*

Employee's Signature: _____ Date *mm/dd/ccyy*: _____

❸ Employer Certification – *This section must be completed by an authorized employer representative, not the employee.*

Employee's Position Held/Job Title: _____

Employee's Hire Date *mm/dd/ccyy*: _____ **Employee's Termination Date** *mm/dd/ccyy*: _____

Employer Name: South MS Regional Center Employer No.: 069 - 065

Employer Representative's Name: Peggy McGrew Employer Representative's Title: Administrative Assistant

Employer Representative's Phone: (228) 867-1390 Fax: (228) 214-5581 E-Mail: pmcgrew@smrc.ms.gov

As employer representative, I understand that wages earned and paid to the above named individual during this period of employment **will not** be subject to withholding for state retirement. I further understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct and that employment in this position does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, *Eligibility of Part-time Employees for State Retirement Annuity Service Credit*, and PERS Board of Trustees Regulation 36, *Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS)*.

Employer Representative's Signature: _____ Date *mm/dd/ccyy*: _____

SOUTH MISSISSIPPI REGIONAL CENTER

CONTRACT PROPOSAL

Name: _____

Company/Business (if applicable): _____

Street, City, State, Zip Code: _____

Contact Number (Home & Cell): _____

Position: _____ Department: _____ Contract Administrator: _____

◯ New Contract ◯ Contract Renewal ◯ Contractual Worker ◯ Independent Contractor

◯ SMRC/State Retiree ◯ Former Contract Employee ◯ Former SMRC/State Employee

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◯ Less than $5,000 (including employer match) = Agency Level Approval Only

◯ Retiree $20,000 (including employer match) = DMH Board Approval

◯ Over $5,000 <$50,000 (including employer match) = Agency Level Approval with Quotes

◯ Over $50,000 (including employer match) = Board of Mental Health Approval

◯ Over $100,000 Cumulative = Personal Services Contract Review Board (PSCRB)

Exempt from purview of PSCRB:

Accountant/Auditor
Dentist/Physician/Veterinarian
Actuary
Engineer/Architect
Attorney
Utility rate expert service

Justification/Job Responsibilities: _____

Contract Period: _____ Rate of Pay (Hour/Quarter): _____

Hours Allowed (Per Week/Month/Quarter): _____ Numbers of Weeks Per Contract: _____

Total Hours Allowed Per Contract Period: _____ Contract Amount: _____

Total Employer Match (.0765): _____ TOTAL CONTRACT AMOUNT: _____

◯ Exempt ◯ Non-Exempt Additional Information:

APPROVAL

Contract Administrator: _____ Date: _____

Human Resources Director: _____ Date: _____

Business Services Director: _____ Date: _____

SMRC Director: _____ Date: _____