

# 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:
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### 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? <input type="checkbox"/> EMAIL OR <input type="checkbox"/> PAPER	
EMAIL ADDRESS		

### EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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)**

- |   |  |  |
|---|--|--|
| <p>8. INDICATE YOUR RACE</p> <p><input type="checkbox"/> AMERICAN INDIAN</p> <p><input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> HISPANIC</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> ASIAN</p> <p><input type="checkbox"/> Other</p> | <p>9. INDICATE YOUR GENDER</p> <p><input type="checkbox"/> MALE</p> <p><input type="checkbox"/> FEMALE</p> | <p>10. AGE GROUP:</p> <p><input type="checkbox"/> UNDER 18</p> <p><input type="checkbox"/> 18-25</p> <p><input type="checkbox"/> 26-39</p> <p><input type="checkbox"/> 40-54</p> <p><input type="checkbox"/> 55-69</p> <p><input type="checkbox"/> 70+</p> |
|---|--|--|

### 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:
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**COLLEGE/UNIVERSITY EDUCATION**

SCHOOL NAME		DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:	
SCHOOL LOCATION (CITY/STATE)		MAJOR	

SCHOOL NAME		DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	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

**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 <input type="checkbox"/> NO <input type="checkbox"/>

DUTIES
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**INFORMATION FOR JOB APPLICANTS AT THE SOUTH MISSISSIPPI REGIONAL CENTER**

NAME:

SSN:

1. Write or print English language legibly. Failure to print legibly may delay the application process.
2. Appropriate proof of education is required to process an application. If the name on the education Document varies from the applicants current legal name, documented proof of the name change is required (marriage license, name change decree, adoption decree, etc.).
3. Reliable transportation is required.
4. TO BE ELIGIBLE FOR EMPLOYMENT, an applicant must have A VALID STATE ISSUED PICTURE I.D. OR A VALID DRIVER LICENSE AND ORIGINAL SOCIAL SECURITY CARD.
5. NEW EMPLOYEES MUST WORK ON THEIR ASSIGNED POSITION AND SHIFT FOR SIX (6) MONTHS BEFORE BEING ELIGIBLE FOR TRANSFER.
6. Direct Deposit is mandatory.
7. **Must be able to perform the essential functions of the job to be considered for employment.**

**ESSENTIAL FUNCTIONS OF THE JOB FOR ALL SMRC WORKERS**

**Physical Requirements:** These 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 (25) twenty-five 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: Clarity of vision at 20 inches or less.

Midrange: Clarity 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 this job you will be regularly required to walk; use hands to finger, handle or feel objects or controls and reach with the hands and arms. Also, you will be frequently required to stand. Occasionally be required to sit; and stoop, kneel, crouch or bend.

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

I have read the above Physical Requirements for the position of \_\_\_\_\_ and attest by my signature below, that I am able to perform these essential functions of the job with or without any special accommodations.

8. MH-Direct Care Worker Applicants ONLY

Please rate your preference to work the shifts below. Please note that staff must be available to work any shift and location as needed at any time coverage is short, or where the need is greatest.

1= 1<sup>st</sup> preference; 2= 2<sup>nd</sup> preference; 3= 3<sup>rd</sup> preference; 4= 4<sup>th</sup> preference.

1<sup>st</sup> Shift: 6:00 am - 2:30 pm

2<sup>nd</sup> Shift: 2:00 pm - 10:30 pm

3<sup>rd</sup> Shift: 10:00 pm - 6:30 am

4<sup>th</sup>/DH Shift: 11:00 am - 7:30 pm

No Preference

DIRECT CARE WORKERS WHO CANNOT SUCCESSFULLY QUALIFY FOR A DIRECT CARE WORKER ADVANCED AFTER THE THREE (3) MONTHS OF TRAINING AND SCHOOLING WILL BE TERMINATED.

**To be considered for employment applicants must complete an "EXPERIENCE AND TRAINING RECORD" in the Human Resources Office. The applicant must complete an application without help.**

Signature:

## SOUTH MISSISSIPPI REGIONAL CENTER

### Reference Check and Consent Form

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

Name	Company	Phone Number

Did/Does the candidate maintain a good attendance record? If not please describe the problem.		
Are there/were there any issues with punctuality? If so, 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 the position of taking care of individuals with Intellectual Disabilities?		
Would you re-employ?	Yes	No
If no, please explain why.		
May we call you for additional information? If so, please provide a 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 check yes or no*

	Yes	No		Yes	No
Mississippi State Hospital			North Mississippi Regional Center		
Hudspeth Regional Center			South Mississippi Regional Center		
Boswell Regional Center			Central Mississippi Residential Center		
Ellisville State School			Mississippi Adolescent Center		
East Mississippi State Hospital			North Mississippi State Hospital		
			Specialized Treatment Facility		

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?

If yes, please explain:

3. Have you ever pled no contest, guilty, or been found guilty of a crime?

If yes, please explain:

4. Have you ever been convicted of child abuse or neglect?

If yes, please explain:

5. Have you ever been convicted of driving under the influence of drugs or alcohol?

If yes, please explain:

6. Have you ever been convicted of a traffic violation? This includes speeding, driving with a suspended or revoked license, careless driving, reckless driving, failure to yield, failure to dim lights, no insurance, expired tag, expired inspection sticker, etc. No matter how long ago the offense was, please mark yes and list the offense below.

If yes, please explain:



## South Mississippi Regional Center Applicant Questionnaire

7. Have you ever been convicted of possession, use, or sale of narcotics?

If yes, please explain:

8. 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 were 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?

If yes please explain:

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

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

Applicant Name

Date

Signature

Witness Name

Date

Signature

Applicant Name:

SSN:

Applicant Signature:

Date:

**South Mississippi Regional Center**

**Acknowledgment of the Department of Mental Health  
Fingerprinting and Background Checks Policy**

I hereby acknowledge receipt of a copy of the *Department of Mental Health Fingerprinting and Background Checks 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 the South Mississippi Regional Center it is required that I submit to fingerprinting and such fingerprints 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 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 further 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) calendar 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 forwarded to the Mississippi Department of Public Safety and the FBI.

Witness:

**SOUTH MISSISSIPPI REGIONAL CENTER  
FINGERPRINTING AND BACKGROUND CHECKS POLICY**

To ensure compliance with state law 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 facility follow the prescribed procedures in the firing and retaining of employees or approving and retaining volunteers who will have direct access to clients.

Procedure:

- I. 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.
- II. 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.
- III. 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.
- IV. Current employees and volunteers and prior to the offering of a position, potential employees or volunteers shall be advised:
  - A. That each person shall be fingerprinted
  - B. That such records check shall be requested
  - C. That the potential employee or volunteer must authorize fingerprinting and a records check in writing
  - D. That it is the right of the Department of Mental Health to require fingerprinting and a records check as a condition of employment or approval as a volunteer
  - E. 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.
- V. 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.
- VI. 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.