

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			

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
<input type="checkbox"/> AMERICAN INDIAN
<input type="checkbox"/> WHITE
<input type="checkbox"/> HISPANIC
<input type="checkbox"/> BLACK
<input type="checkbox"/> ASIAN
<input type="checkbox"/> Other | 9. INDICATE YOUR GENDER
<input type="checkbox"/> MALE
<input type="checkbox"/> FEMALE | 10. AGE GROUP:
<input type="checkbox"/> UNDER 18
<input type="checkbox"/> 18-25
<input type="checkbox"/> 26-39
<input type="checkbox"/> 40-54
<input type="checkbox"/> 55-69
<input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
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SCHOOL LOCATION (CITY/STATE)	MAJOR
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SCHOOL NAME	DEGREE RECEIVED
-------------	-----------------

DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATES ATTENDED
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SCHOOL LOCATION (CITY/STATE)	MAJOR
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CERTIFICATES & LICENSES

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
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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
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COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
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HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
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DUTIES

SALARY INFORMATION

Below are the yearly and hourly wages for the positions of Direct Care Worker (DCW) and Direct Care Trainee (DCT)*.

Direct Care Worker

Hourly: \$9.59

Semi-Monthly: \$834.18

Yearly: \$20,020.98

Direct Care Trainee

Hourly: \$8.75

Semi-Monthly: \$761.79

Yearly: \$18,282.98

*The distinction between the DCW and DCT positions is the applicant's acquisition of a high school diploma or an equivalent.

**DIRECT CARE TRAINEE:
\$761.79/SEMI-MONTHLY**

**DIRECT CARE WORKER:
\$834.18/ SEMI-MONTHLY**

Direct Care Professional

Characteristics of Work:

This is a semi-skilled level of work in the care and supervision of persons with developmental disabilities at a state intermediate developmental disability residential facility. Employees assist the persons with their optimal level of care and supervision. The employee ensures that all physical care needs to include but not limited to: bathing, grooming, personal hygiene, providing assistance with toileting needs, and assisting individuals with feeding. Other duties include general housekeeping, assist with teaching skills, maintain documentation on behaviors and all incidents and conduct, and participate in recreational programs and activities. General supervision is received from a Direct Care Supervisor, Direct Care Alternate Supervisor, Direct Care Shift Supervisor, and Coordinator of Direct Care Services.

Examples of Work:

Examples of work performed in this classification include, but are not limited to, the following:

- Assisting individuals with their individual service plans
- Interact with individuals; provide supervision, accountable for assigned individuals; provide active treatment
- Observe, give verbal and/or written reports; and/or chart physical or behavioral problems, change in condition and accidents of individuals
- Give/receive cottage reports and check individual at shift change
- Supervise, observe, and account for individuals
- Maintain life and safety standards
- Organize and count individual clothes
- Follow daily work schedule and supervisor instructions
- Communicate with supervisor
- Accompany individuals to activities off the cottage and/or campus
- Assist in developing, implementation and documentation of programs in self-care, self-help, socialization, homemaking, independent living skills and leisure activities.
- Interact and talk with individuals
- Accompany individuals for special procedures/activities
- Turn and position non-ambulatory individuals and document
- Conduct 15 minute bed check
- Attend professional development in-services, IDT meetings, and professional meetings
- Adhere to all policies and procedure

Essential Functions:

Additional essential functions may be identified and included by the hiring agency. The essential functions include, but are not limited to, the following:

1. Performs routine procedures to ensure individuals are provided an opportunity for achievement, personal growth, and success in *all* aspects of living
2. Assist in providing individualized services to ensure all needs are met in all areas of physical care, health, and safety
3. Assist and participate in recreational and social activities for consumers in accordance with written training objectives and individual service plans

STATE VEHICLE ACKNOWLEDGEMENT FORM

I understand that I am applying for a position with Hudspeth Regional Center which, as a part of the job duties, requires the operation of a state vehicle and/or transporting Hudspeth Regional Center clients.

I agree to have a driver's license check conducted prior to my employment and at least annually or when requested by my department director if I am employed in this position.

Name

Date

Witness

Date

Driver's License Number

Expiration Date

Have you ever worked for the Department of Mental Health?

Yes

No

If yes, which agency?

North Mississippi Regional Center

East Mississippi State Hospital

Ellisville State School

Hudspeth Regional Center

Mississippi State Hospital (Whitfield)

South Mississippi Regional Center

Boswell Regional Center

Dates Employed:

From: _____ To: _____

Position Held: _____

Signature: _____

Date: _____

NOTICE TO ALL HUDSPETH REGIONAL CENTER EMPLOYEES DRUG AND ALCOHOL TESTING PROGRAM

You are hereby advised that effective thirty (30) days from issuance of this notice. Hudspeth Regional Center has implemented a drug and alcohol policy and conducts a testing program, pursuant to House Bill 84 of the 1994 Mississippi State Legislature and the Code of Federal Regulations at 49 C.F.R. Parts 40, 282, 391, 392, 395, as amended (1994), and you are hereby advised of the existence of the policy and statutes, copies of which are available for your inspection at the facility personnel office during regular business hours.

It shall be the policy of the Department of Mental Health and its facilities that a chemical testing program exist to provide reasonable assurance that all employees are not under the influence of chemical substances, either legal or illegal, which might impair their performance and to insure compliance with this agency's policy to maintain a drug-free workplace. Chemical testing may be required for all employees for: (1) pre-employment; (2) reasonable suspicion or cause; and, (3) on a random basis. Testing based on reasonable suspicion or cause may result in post accident/incident testing and/or follow-up testing.

All information, interviews, reports, statements, memoranda, and test results, written or otherwise, received by Hudspeth Regional Center through its drug and alcohol testing program are confidential communications, except under certain circumstances as allowed by state or federal law.

An employee or job applicant shall be allowed to confidentially report to Hudspeth Regional Center of currently or recently used prescription or nonprescription drugs at the time of the taking of the specimen to be tested, and such information shall be placed in writing upon the employer's drug and alcohol testing custody and control form prior to initial testing.

An employee, who has been tested and has received a positive confirmed drug and alcohol test result, may be disciplined in accordance with the department policies and procedure, up to and including termination or employment.

Refusal by an employee to submit to testing will be cause for termination of employment.

For employees who have been tested and have a positive confirmed test result and who has been determined not to be subject of discipline or termination will be referred for assessment and rehabilitation through the Employee Assistance Program.

Any employee who receives a positive confirmed drug and alcohol test result may appeal that result as provided in the department chemical testing policy

The following chemical substances may be tested for: (1) alcohol; (2) Marijuana; (3) Cocaine; (4) Opiate; (5) Phencyclidines; and, (6) Amphetamines.

I hereby acknowledge being notified of the drug/alcohol program at Hudspeth Regional Center.

Name: _____

(Please Print)

Signature: _____

Date: _____

HUDSPETH REGIONAL CENTER



Jerrie T. Barnes, M.Ed.
Director

100 Hudspeth Center Dr.
Post Office Box 127-B
Whitfield, Mississippi 39193

(601) 664-6000
Fax: (601) 354-6945

REFERENCE INQUIRY

TO WHOM IT MAY CONCERN:

AUTHORIZATION:

I hereby authorize Hudspeth Regional Center to request verification of statements made by me on my employment application, and any other job-related information. I also give permission to the company addressed above to release the information required by Hudspeth Regional Center.

Applicant's Signature _____ Date _____

OFFICE USE ONLY BELOW THIS LINE

Name of Applicant

Dates of Employment

Social Security Number

Reason for Leaving

Is the above correct? Yes No If not, please make corrections.

What is your opinion as to this person's:

	Above Average	Average	Below Average	Unsatisfactory
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you re-employ? Yes No (if no, please explain below)

Would you recommend that we employ? Yes No

If you have a Drug/Alcohol Testing Policy, had this person ever tested positive for drugs and/or alcohol or violated the drug/alcohol policies? Yes No (if yes, please explain below)

Comments: _____

Signature & Title: _____

Date: _____

HUDSPETH REGIONAL CENTER



Jerrie T. Barnes, M.Ed.
Director

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Post Office Box 127-B
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Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Would you re-employ? Yes No (if no, please explain below)

Would you recommend that we employ? Yes No

If you have a Drug/Alcohol Testing Policy, had this person ever tested positive for drugs and/or alcohol or violated the drug/alcohol policies? Yes No (if yes, please explain below)

Comments: _____

Signature & Title:

Date:

CHARACTER REFERENCES

The following two (2) Character Reference forms need to be completed by two (2) references that are **NOT** related to you. You can return these with your application or mail to us with address provided at the bottom of the forms.

Character Reference

Name of Applicant: _____
Position Applied For: _____
Name of Reference: _____
Address of Reference: _____
Reference's Telephone #: _____

Your name has been submitted by _____, who has made application for employment at the Hudspeth Regional Center, Whitfield, Mississippi. In order to give adequate consideration to the application, we would appreciate your honest evaluation of the above mentioned as far as character, experience, and ability is concerned by checking the correct spaces:

	Above Average	Average	Below Average
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Please return to
Hudspeth Regional Center - Human Resources Department
PO Box 127-B
Whitfield, MS 39193

Signature of Reference Date

Position

Character Reference

Name of Applicant: _____
Position Applied For: _____
Name of Reference: _____
Address of Reference: _____
Reference's Telephone #: _____

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Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Please return to

Hudspeth Regional Center - Human Resources Department

PO Box 127-B

Whitfield, MS 39193

Signature of Reference

Date

Position