

YOU MUST PROVIDE WITH THIS APPLICATION

- 1. PROOF OF EDUCATION**
- 2. VALID EMAIL ADDRESS**
- 3. COVID VACCINATION CARD**

**RETURN COMPLETED APPLICATION WITH THE ABOVE DOCUMENTS TO
ELLISVILLE STATE SCHOOL:**

CAMPUS POLICE CHECK POINT

or

Mail: ELLISVILLE STATE SCHOOL
1101 HIGHWAY 11 SOUTH
ELLISVILLE, MS 39437-4444

or

HUMAN RESOURCES FAX # 601-477-5710

or

Email: Shirley.jordan@ess.ms.gov

ELLISVILLE STATE SCHOOL IS AN EQUAL OPPORTUNITY EMPLOYER

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:

Please submit one application per job posting. Please be sure to complete the entire application. Applications lacking sufficient information will be processed and returned as invalid. Please ensure your application is received or postmarked by the closing date as indicated on the job posting.

-TYPE OR PRINT IN BLACK INK-

JOB INFORMATION

JOB NUMBER:	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> |
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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 Page

Last Name _____ First Name _____

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"/>
# OF UNITS COMPLETED: <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER	
SCHOOL LOCATION (CITY/STATE)	MAJOR

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

DUTIES	
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References

Please list 3 people who are NOT RELATED to you and their telephone numbers:

1. _____
2. _____
3. _____

Have you ever worked for the *Department of Mental Health*? Yes No

If you answered "YES" to the previous question, indicate which agency, job title, and the dates of employment.

Agency Name	Job Title	Dates
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Have you ever worked for the *State of Mississippi*? Yes No

If you answered "YES" to the previous question, indicate which agency, job title, and the dates of employment.

Agency Name	Job Title	Dates
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Print Your Name Here: _____

Signature: _____ Date: _____

Office Use Only:

Processed by: _____ Date: _____

Human Resources: _____

Nurse Aide: _____

Arrest database: _____

Ellisville State School



Rinsey McSwain
Director

1101 Highway 11 South
Ellisville, Mississippi 39437-4444

Phone: (601) 477-9384
Fax: (601) 477-5700

PERMISSION FOR BACKGROUND CHECK

I give Ellisville State School authorization to conduct a background screening check with law enforcement, Child Abuse Registry, previous employers and any other persons to determine my suitability in working with children and/or vulnerable adults. I understand that this permission is a part of my application for employment with Ellisville State School. I further understand that this information will be used in regards to my application and/or employment.

Print Name

Signature

Street or P. O. Box Number

City, State and Zip Code

Social Security Number

Date of Birth

Date

Email Address