

ELLISVILLE STATE SCHOOL

New Hires Information Sign-up Packet

PLEASE PRINT ATTACHMENT AND READ ALL DOCUMENTS:

Print clear and concise in black ink and make sure information is readable on all forms

Please sign employee signature and date line

*Bring forms to Human Resources on scheduled date or email to the following email address:
human.resources@ess.ms.gov . Please feel free to call Human Resources (601)477-5625 if you have any
questions regarding sign-up packet.*

ATTENTION:

*It is Mandatory that payroll checks be **Direct Deposited** into the following accounts:*

Checkings, Savings or Money Cards

Must have bank names, account number and routing number

Employee's name must be on the assigned account

INFORMATION SHEET

NAME OF EMPLOYEE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE NO _____ OTHER NO _____ EMAIL _____

CONTACT PERSON _____ RELATIONSHIP _____

ADDRESS OF CONTACT _____ PHONE NO _____

List names and relations of family member(s) currently employed at Ellisville State School:

DO NOT WRITE BELOW LINE

PREVIOUS ESS EMPLOYMENT DATES _____ AND/OR DMH DATES _____

WITHDRAWAL OF STATE RETIREMENT (PERS) YES _____ NO _____ IF YES, DATE _____

DATE OF EMPLOYMENT _____

JOB CLASSIFICATION _____ APPLICATION _____

WORK AREA _____ SHIFT _____ PIN _____

FLSA STATUS _____ (Exempt or Non-Exempt)

NON-EXEMPT STATUS ONLY CHECK ONE:

Comp Time (overtime hours) _____ **Cash Payment (overtime pay)** _____

COPY OF INTERVIEW CHECKLIST _____ PA _____

COPY OF CAMPUS AD (TOP PAGE ONLY) _____

*NURSE AIDE REGISTRY (PRINT FORM FOR FILE) _____

MILITARY SELECTIVE SERVICE _____

EDUCATION COLLEGE HS DIPLOMA/GED TRANSCRIPT OTHER

PICTURE ID _____ SOCIAL SECURITY CARD _____ VOTERS' CARD _____

EMPLOYMENT REFERENCES _____ PERSONAL REFERENCES _____

RETIREMENT INFO PACKET _____ TAX RECORDS _____ DIRECT DEPOSIT _____

TIME-LIMITED FORM (IF APPLICABLE) _____ PART-TIME OR FULL TIME _____

LICENSURE OR CERTIFICATION NAME/NUMBER _____

DRUG TESTED _____ FINGERPRINTED _____

CHILD ABUSE REGISTRY COMPLETED _____ DATE RECEIVED _____

I-9 PULLED (IN SEPARATE FILE) _____



Ellisville State School

Rinsey McSwain
Director

1101 Highway 11 South
Ellisville, Mississippi 39437-4444

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

Acknowledgement of the Department of Mental Health Fingerprinting and Background Checks

I understand that Ellisville State School is required by law to obtain fingerprints and receive a background check from state level and from Department of Public Safety to the FBI. All potential employees, employees for promotion, potential volunteers, and volunteers will be fingerprinted. No potential employee, employee, and /or potential volunteer, who has a criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of person's shall be employed or able to volunteer. I am aware that my failure to comply with this request ensures my application is denied for further review.

Ellisville State School is required to ensure that any information received will be maintained in strictest confidence and shall remain in a secure place for minimum of thirty (30) days. After thirty (30) days, the records will be shredded.

I further understand that I have the right to challenge the accuracy and completeness of any information received by Ellisville State School as a result of the background check. If I choose to challenge the accuracy of the background check, my request must be in writing and submitted to Ellisville State School within fourteen (14) calendar days of the date of decision to withdraw the job offer or to terminate my employment with Ellisville State School.

My signature below is authorization to obtain and submit my fingerprints to the Mississippi Department of Public Safety and the FBI.

Applicant Signature: _____ Date: _____

Date Prints Taken: _____ Staff Signature: _____

Date Information Received and Records Destroyed: _____

Date of Hire: _____



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NOTICE TO APPLICANTS

DRUG AND ALCOHOL TESTING PROGRAM

Ellisville State School 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, and 395, as amended (1994), and you are hereby advised of the existence of the policy and statutes.

It is the policy of the Department of Mental Health and its facilities that 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 is 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 also 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 Ellisville State School through its drug and alcohol testing program are confidential communications, except under certain circumstance as allowed by state and federal law.

An employee or job applicant shall be allowed to confidentially report to Ellisville State School of currently or recent used prescription and 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.

Refusal by any applicant to submit to testing will be cause for non consideration of employment.

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

Name

Date



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I have never been employed at Ellisville State School. _____ (Initials)
or

I have been employed at Ellisville State School. _____ (Initials)

I hereby agree to begin orientation/employment at Ellisville State School on _____, with the full knowledge that my employment will not be finalized until a later date. Should my employment at Ellisville State School be rejected by the Mississippi State Personnel Board while I'm in orientation, I fully understand and agree to the fact that I will be paid for the time I have worked. I fully understand that this is not likely to happen and that by me making this agreement I will be able to begin my employment on the date indicated above. _____ (Initials)

I have nothing in my past history that could contribute to resident abuse/neglect (i.e., conviction of a felony, child abuse, drug abuse, etc.). I realize that any misrepresentation of the facts could constitute grounds for dismissal. _____ (Initials)

I have been informed that Ellisville State School is a Tobacco Free Facility. I am aware that employees are prohibited from smoking or using tobacco products anywhere on the main campus or community based programs. This includes personal vehicles parked on property where residential or community based services are provided. _____ (Initials)

Employee Signature

Date



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Director

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JOB DESCRIPTION ACKNOWLEDGMENT FORM

I _____ hereby certify I received a copy of the State Personnel Board Job Description of the _____ position, for which I am applying. I can also review the job description at www.mspb.ms.gov. By signing my signature below I further attest I am unaware of any limitations that may prevent me from performing the duties of this job. I declare I am able to complete all physical training as a part of the orientation process.

Employee Signature

Date



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



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MEMORANDUM

To: All Employees

From: Rinsey McSwain, ESS Director

Date: August 23, 2019

Re: Tobacco-Free Campus

Please be advised that as of March 1, 2011, Ellisville State School became a "Tobacco Free Facility". This applies to all employees, visitors, vendors, contractual staff and the people we serve admitted after March 1, 2011.

Employees are prohibited from smoking or using smokeless tobacco products anywhere on campus or community based programs. This includes personal vehicles parked on property where residential or community based services are provided.

The people we serve who use tobacco products will continue to be educated on the health risks of tobacco use; however, they may continue to use the products under current policies and procedures addressing smoking (located in the ESS Safety Manual, Section 30.0).

Assistance for employees who wish to discontinue the use of tobacco products, help is available through the Mississippi Wellness Health Program. The website for this program is:

www.webmdhealth.com/mississippi

When you access the website enter the word "smoking" in the search box/field to obtain the information you need.

Internet access is available to all employees for this purpose through the Information Technology Department.

Thank you for your cooperation with this effort to create a safer environment for the people we serve and our workforce.

RM/sj

Revised: 08/23/19

ELLISVILLE STATE SCHOOL

New Employee Orientation

Welcome to Ellisville State School! Orientation is held at Workforce Development for 7 days; Monday-Tuesday, 8:00 am – 4:30 pm. Direct Care Training Class is the second week, Wednesday-Friday, 6:00 am. – 2:30 pm. Below are guidelines to follow when attending Orientation.

1. Come Prepared as you would for any class, e.g., bring an ink pen and highlighter.
2. Be on time every day. If you are going to be late, call **WORKFORCE DEVELOPEMNT (601)477-5856 OR (601)477-5855**. You cannot be absent during Orientation. You do not have any Personal Leave time to take off. You will be docked and possibly reprimanded and/or terminated.
3. Feel free to bring your lunch. There are snack and drink machines, a refrigerator, and a microwave available for you to use. You get 30 minutes for lunch each day.
4. Parking on the grass is prohibited. If you park on the grass, you will be ticketed.
5. Cell phones are not allowed. If someone needs to reach you, he or she may leave a message at (601)477-5856 (emergency only) and you may return the call on break.
6. It is often cold in the Orientation classroom, so you may bring a jacket or sweater.
7. ***The dress code will be covered in detail on the first day of Orientation, but note the following are prohibited:***
 - A. Shorts should not be worn by men or women unless it is for special recreational activity with special permission granted by the Department Supervisor.
 - B. Any sheer, see-through, low-cut clothing or skirts shorter than 2 inches from the top of the knee. *Clothes with holes, tears or otherwise in disrepair should not be worn.*
 - C. Form-fitting tights, leggings, or stirrup pants.
 - D. No saggy pants, lounge or pajama pants may not be worn.
 - E. Any clothing or hats containing obscene, offensive, or gang-related statements or symbols; ads for alcoholic or tobacco products
 - F. Hat/caps *without* obscene or offensive statements or symbols maybe worn. Wave caps, “do rags”, bonnets and stocking caps are not appropriate to wear at any time. *Hoodies should not be worn over the head while indoors.*
 - G. Undershirts or sleeveless muscle shirts
 - H. Facial jewelry, i.e, eyebrow, tongue, lip, and nose jewelry
 - I. Hair should be neat, clean and appropriate for the work environment. Hair that is artificially colored must be a naturally occurring hair color. *Yellow, blue, pink, orange, purple, or green hair is not acceptable.*
 - J. Shoes in dormitory settings, non-skid shoes with closed toes and closed heels should be worn in dormitory settings. Excessive high-heeled shoes or “Flip Flop” type shoes are not appropriate tow wear while at work.

PLEASE TAKE PAGE WITH YOU! YOU WILL NEED IT! Revised 01/02/2020