



APPLICATION PROCESS

- I. Submit application.
- II. Initial interview will be performed after application is reviewed (personal references, work references, criminal background check and C.N.A. registry status). Your eligibility of employment is dependent upon verification of the information you have provided.
- III. A second interview will begin the hiring process.

*Please be sure to **include all phone numbers** for work and personal references listed, sign the criminal background check sheet, and pre-employment drug screen. Be sure to include **ALL** work history. (You may write addition information on the back of the application if you need to).

You must provide telephone numbers for work and personal references or your application will be considered incomplete. Incomplete applications will not be considered for hire.

**To check on application, please call (601) 732-6527.

Thank you!

Mississippi Care Center of Morton

(Office use only)

Applicant info:

Name: _____

Interview Date: _____

Hire Date: _____

Department: _____

Disposition: _____

<input type="checkbox"/> Hired _____ <input type="checkbox"/> No Position Available <input type="checkbox"/> Did Not Meet Qualifications For Office Use Only <input type="checkbox"/> WIN <input type="checkbox"/> Walk-In <input type="checkbox"/> Ad <input type="checkbox"/> Friend Other: _____
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APPLICATION FOR EMPLOYMENT

Date _____

Equal Opportunity/Affirmation Action Employer

It is the policy of MSCC of Morton to assure that no person will be discriminated against, or be denied the benefit of any activity, program or employment process, in the areas of recruitment, advertising, hiring, upgrading, promotion, transfer, demotion, lay off, termination, rehiring, employment, rates of pay and/or other compensation.

MSCC of Morton is an Affirmative Action/Equal Opportunity Employer and is strongly committed to all policies which will afford equal opportunity employment to all qualified persons without regard to race, color, religious creed, age, marital status, national origin, ancestry, sex, sexual orientation, mental retardation, learning disability, protected veterans, present or past history of mental disorder, or physical disability including, but not limited to, blindness, unless it is shown that such disability prevents performance of the work involved.

Name _____ Soc. Sec.# _____
Last First Middle Maiden

Present Address _____ Phone _____
Street or P.O., City, State, Zip
Other _____

Are you 18 years of age or older? Yes ____ No ____

Have you been convicted of a crime in the past 5 years which resulted in imprisonment? (A conviction will not necessarily disqualify you for the job applied for). If yes, describe in full

Were you previously employed by us? _____ If yes, when? _____

List any friends or relatives working here _____

Is there any one employee who is responsible for you applying? _____

Position applied for _____

Can you work full time? ____ Part time? ____ Specify days and hours _____

Who would we notify in case of any emergency? List name, address, and telephone number:

Record of education _____ Grade school and High School _____ College/Other _____
Type in highest level completed

Are there any other experiences, skills or qualifications which you feel would qualify you for the position applied for?

Professional License No. _____ Type _____

Certification No. (If applicable) _____ Type _____

Personal References (Not former employers or relatives)

Name and Occupation	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment History (List all present and past employment, beginning with your most recent).

Company Name	From (Month/Year)	Describe in detail what you did:	Salary:	Reason for Leaving:
_____	_____		_____	
Address				

Phone Number	To (Month/Year)			
_____	_____			
Supervisor Name				

Company Name	From (Month/Year)	Describe in detail what you did:	Salary:	Reason for Leaving:
_____	_____		_____	
Address				

Phone Number	To (Month/Year)			
_____	_____			
Supervisor Name				

Company Name	From (Month/Year)	Describe in detail what you did:	Salary:	Reason for Leaving:
_____	_____		_____	
Address				

Phone Number	To (Month/Year)			
_____	_____			
Supervisor Name				

Applicant's comments relative to above employment: _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal employment, education, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

MISSISSIPPI CARE CENTER OF MORTON

Phone (601) 732-6361
P.O. Box 459
96 Old Highway 80 East
Morton, MSD 39117

**PERMISSION FOR BACKGROUND CHECK
CRIMINAL RECORDS**

I hereby give my permission for the above named facility to conduct a background screening check/fingerprint with the law enforcement, previous employers, and any other persons to determine my suitability in working with patients/residents of Mississippi Care Center of Morton.

I give my permission for the release of information from law enforcement files concerning any past history criminal offences with which I may have been charged or convicted.

I understand that the information will be released on any conviction, any pending charges, or any arrests, if I have been arrested two or more times.

I understand that Mississippi Care Center of Morton has the right to require this record check as a condition of employment.

I understand I will be sent a copy of any information released from your files pursuant to this permission form that I have the right to challenge that accuracy and completeness of this information.

I understand that this information will be used only for employment purposes and will not be reproduced or distributed to other persons or used for any other purposes.

PRINT NAME: _____
Last First Middle Maiden

HOME ADDRESS: _____

SIGNATURE: _____

DATE OF BIRTH _____ SOC. SEC.NO. _____

WITNESS TO SIGNATURE _____ DATE _____

PREVIOUS ADDRESS (IF CHANGED WITHIN LAST 5 YEARS)

**MISSISSIPPI CARE CENTER OF MORTON
CONSENT FOR PRE-EMPLOYMENT DRUG SCREEN**

I understand that it is MSCC's policy to prohibit the use, possession, transportation, sale of illegal or non-prescribed drugs and alcohol beverages on the premises.

My signature below constitutes my consent to provide a sample of my urine for a drug screen. I understand that the results of the drug screen will determine my eligibility for employment at MSCC.

I understand that the results of this drug screen will be kept confidential and will not be released without my written consent or as is otherwise permitted by law.

Applicant's Signature _____

Social Security Number _____

Date _____

Witness _____