MISSISSIPPI DEPARTMENT OF REHABILITATION SERVICES



Return Completed Application to: Mississippi Department of Rehabilitation Services **Attn: Rebecca Henley**

PO Box 1698 Jackson, Mississippi 39215-1698 www.mdrs.ms.gov

For Staff/ Official Use Only
Received:

MDRS Contract Worker Application

-TYPE OR PRINT IN BLACK INK-						
	CONTRA	CT I NFORMATI O	N			
RFQ#:		Contractor Position:				
		NFORMATION	T			
FIRST NAME	MIDDLE INITIAL		LAST NAME			
ADDRESS						
CITY		STATE	ZII	P		
HOME PHONE		ALTERNATE PHONE				
HOWE PHONE		ALTERNATE PRONE				
MONTH AND DATE OF BIRTH		WHICH METHOD DO Y	OU PREFER TO BE NOTIFIED ABO	OUT YOUR		
		APPLICATION STATUS	S? EMAIL OR PAPER			
EMAIL ADDRESS						
	EDUC	CATION				
WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:						
☐ Some High School ☐ Some Colle	ege	Associate's Degree	■ Master's Degree	Doctorate Degree		
☐ High School ☐ Technical C	•	Bachelor's Degree	☐ Specialist's Degree			
	HIGH SCHOO	OL EDUCATION				
DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G	.E.D.? YES ☐ NO	\Box				
IF NO, WHAT WAS THE HIGHEST GRADE LEVEL COMPLE		9	. □			
TI NO, WHAT WAS THE HIGHEST GRADE LEVEL COMPLE	.TLD: /					
СО	LLEGE/ UNI VE	RSITY EDUCATION	ON			
SCHOOL NAME			DEGREE RECEIVED			
DATEC ATTENDED			DOLLARTER DOLLARTER			
DATES ATTENDED		J GRA <u>DU</u> ATE?	SEMESTER QUARTER # OF UNITS COMPLETED:			
	YES	NO	# OF GIVETS GOIVIT LETED.			
SCHOOL LOCATION (CITY/STATE)	•	MAJOR				
SCHOOL NAME			DEGREE RECEIVED			
DATES ATTENDED			☐ SEMESTER ☐ QUARTER			
	YES T	J GRADUATE? NO	# OF UNITS COMPLETED:			
	TES					
SCHOOL LOCATION (CITY/STATE)		MAJOR				
SCHOOL NAME			DEGREE RECEIVED			
3330E WANE			DEG. ILL HEOLI VED			
DATES ATTENDED DID YOU GRADUATE?			SEMESTER QUART	ER		
YES NO			# OF UNITS COMPLETED:			
SCHOOL LOCATION (CITY/STATE)	<u> </u>	MAJOR				
CONSOL LOCATION (OFFI STATE)		IVIAUCIT				

CERTI FI CATES & LI CENSES						
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)				
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION				
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)				
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TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)				
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION				
	WORK HISTORY					
DATES	EMPLOYER	POSITION TITLE				
From To	LIVIT LOTEIT	TOSTION TITLE				
ADDRESS, CITY, STATE						
PHONE NUMBER	SUPERVISOR (NAME & TITLE)					
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES NO				
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 NO				
DUTIES						

		WORKHISTORY			
DATES From	То	EMPLOYER	POSITION TITLE		
ADDRESS, CITY, STATE					
PHONE NUMBER		SUPERVISOR (NAME & TITLE)			
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES NO		
DUTIES					
DATES From	То	EMPLOYER	POSITION TITLE		
DATES From ADDRESS, CITY, STATE	То	EMPLOYER	POSITION TITLE		
From	То	SUPERVISOR (NAME & TITLE)	POSITION TITLE		
ADDRESS, CITY, STATE	То		POSITION TITLE MAY WE CONTACT THIS EMPLOYER? YES NO		
From ADDRESS, CITY, STATE PHONE NUMBER	То	SUPERVISOR (NAME & TITLE)			
PHONE NUMBER HOURS PER WEEK	То	SUPERVISOR (NAME & TITLE)			
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PHONE NUMBER HOURS PER WEEK	То	SUPERVISOR (NAME & TITLE)			
PHONE NUMBER HOURS PER WEEK	То	SUPERVISOR (NAME & TITLE)			

SUPPLIMENTAL 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. ARE YOU A RETIRED STATE EMPLOYEE? YES NO					
4. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, WHAT WAS THE EFFECTIVE DATE OF YOUR RETIREMENT? (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)					
(DATE OF RETIREMENT) 5. HAVE YOU BEEN PREVIOUSLY CONTRACTED TO PROVIDE SERVICES TO MDRS AS EITHER A CONTRACT WORKER OR AN INDEPENDENT CONTRACTOR? YES NO					
6. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, PLEASE PROVIDE THE DATE AND A BRIEF DESCRIPTION OF SERVICES.					
(DATE OF CONTRACT)					
PROVIDE DESCRIPTION BELOW.					
ADDITIONAL INCODMATION					
ADDITIONAL INFORMATION Additional Information (other schools or training; special qualifications; honors and awards; etc.):					
Additional fine in action (other concess of training, special qualifications, notice and awards, etc.).					
APPLI CANT 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 Department of Rehabilitation Services. I know that any misrepresentation herein may lead to rejection of my application or termination of any resulting contract.					
x					
SIGNATURE OF APPLICANT DATE					

ADDITIONAL WORK HISTORY

JOB INFORMATION CONTROL OF THE PROPERTY OF THE							
JOB NUMBER:							
COLLEGE/ UNIVERSITY EDUCATION							
SCHOOL NAME				DEGREE	RECEIVED	_	
DATES ATTENDED		DID YOU GRADUATE?		# OF UNI	QUARTER LETED:		
SCHOOL LOCATION (CITY/STATE)		MAJOR					
SCHOOL NAME				DEGREE I	RECEIVED)	
DATES ATTENDED	DID YOU GRADU YES NO		TE?	DATES ATTENDED			
SCHOOL LOCATION (CITY/STATE)		MAJOR					
	CERTI	FICATES & LI	CENSES				
TYPE		DATE ISSUED (M	DATE ISSUED (MONTH/YEAR)		EXPIRATION DATE (MONTH/YEAR)		
LICENSE NUMBER	ENSE NUMBER		ISSUING AGENCY		SPECIALIZATION		
TYPE	DATE ISSUED (MONTI		ONTH/YEAR)	TH/YEAR) EXP		XPIRATION DATE (MONTH/YEAR)	
LICENSE NUMBER	IBER		ISSUING AGENCY		SPECIALIZATION		
WORK HISTORY							
DATES From To	EMPLOYER			POSITION TITLE			
ADDRESS	CITY	TY				STATE	
COMPANY WEBSITE	PHONE NUMBER			SUPERVISOR (NAME & TITLE)			
HOURS WORKED PER WEEK	MONTHLY SALARY		MAY WE CONTACT THIS EMPLOYER? YES NO		T THIS EMPLOYER?		
DUTIES							