

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- CONTRACT INFORMATION

RFQ# :	Contractor Position:
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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				

SUPPLEMENTAL 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 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 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

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"/>	<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"/>	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
