

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

RFx NUMBER:

Contractor Position:

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? ☐ EMAIL OR ☐ PAPER

EMAIL ADDRESS

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

☐ Some High School

☐ Some College

☐ Associate's Degree

☐ Master's Degree

☐ Doctorate Degree

☐ High School

☐ Technical College

☐ Bachelor's Degree

☐ 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 ☐ NO ☐

☐ SEMESTER ☐ QUARTER
OF UNITS COMPLETED:

SCHOOL LOCATION (CITY/STATE)

MAJOR

SCHOOL NAME

DEGREE RECEIVED

DATES ATTENDED

DID YOU GRADUATE?
YES ☐ NO ☐

☐ SEMESTER ☐ QUARTER
OF UNITS COMPLETED:

SCHOOL LOCATION (CITY/STATE)

MAJOR

SCHOOL NAME

DEGREE RECEIVED

DATES ATTENDED

DID YOU GRADUATE?
YES ☐ NO ☐

☐ SEMESTER ☐ 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)
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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			
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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			
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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 INFORMATION

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