

# 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](http://www.mdrs.ms.gov)

For Staff/Official Use Only

Received: \_\_\_\_\_

## MDRS Contract Worker Application

-TYPE OR PRINT IN BLACK INK-

### CONTRACT INFORMATION

RFQ 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) |
| LICENSE NUMBER | ISSUING AGENCY           | SPECIALIZATION               |

|                |                          |                              |
|----------------|--------------------------|------------------------------|
| TYPE           | DATE ISSUED (MONTH/YEAR) | EXPIRATION DATE (MONTH/YEAR) |
| LICENSE NUMBER | ISSUING AGENCY           | SPECIALIZATION               |

**WORK HISTORY**

|                      |                           |   |
|----------------------|---------------------------|---|
| DATES<br>From To     | EMPLOYER                  | POSITION TITLE  |
| ADDRESS, CITY, STATE |                           |   |
| PHONE NUMBER         | SUPERVISOR (NAME & TITLE) |   |
| HOURS PER WEEK       | SALARY                    | MAY WE CONTACT THIS EMPLOYER?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| DUTIES               |                           |   |

|                      |                           |   |
|----------------------|---------------------------|---|
| DATES<br>From To     | EMPLOYER                  | POSITION TITLE  |
| ADDRESS, CITY, STATE |                           |   |
| PHONE NUMBER         | SUPERVISOR (NAME & TITLE) |   |
| HOURS PER WEEK       | SALARY                    | MAY WE CONTACT THIS EMPLOYER?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| DUTIES               |                           |   |

**WORK HISTORY**

|                      |    |                           |   |
|----------------------|----|---------------------------|---|
| DATES<br>From        | To | EMPLOYER                  | POSITION TITLE  |
| ADDRESS, CITY, STATE |    |                           |   |
| PHONE NUMBER         |    | SUPERVISOR (NAME & TITLE) |   |
| HOURS PER WEEK       |    | SALARY                    | MAY WE CONTACT THIS EMPLOYER?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |

|        |  |  |  |
|--------|--|--|--|
| DUTIES |  |  |  |
|--------|--|--|--|

|                      |    |                           |   |
|----------------------|----|---------------------------|---|
| DATES<br>From        | To | EMPLOYER                  | POSITION TITLE  |
| ADDRESS, CITY, STATE |    |                           |   |
| PHONE NUMBER         |    | SUPERVISOR (NAME & TITLE) |   |
| HOURS PER WEEK       |    | SALARY                    | MAY WE CONTACT THIS EMPLOYER?<br>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

|             |                      |
|-------------|----------------------|
| RFQ NUMBER: | Contractor Position: |
|-------------|----------------------|

#### COLLEGE/UNIVERSITY EDUCATION

|                              |   |   |
|------------------------------|---|---|
| SCHOOL NAME                  |   | DEGREE RECEIVED   |
| DATES ATTENDED               | DID YOU GRADUATE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER<br># OF UNITS COMPLETED: |
| SCHOOL LOCATION (CITY/STATE) | MAJOR   |   |

|                              |   |                 |
|------------------------------|---|-----------------|
| SCHOOL NAME                  |   | DEGREE RECEIVED |
| DATES ATTENDED               | DID YOU GRADUATE?<br>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<br>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?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |

|        |
|--------|
| DUTIES |
|--------|