

NAME OF APPLICANT: _____

SSN: _____ - _____ - _____



APPLICATION FOR EMPLOYMENT

*****BUSINESS OFFICE USE ONLY:**

DATE RECEIVED: _____ DEPARTMENT: _____

**Choctaw Residential Center
is proud to be a “Drug Free”
Workplace.**

NOTICE TO EMPLOYEES AND APPLICANTS

As a condition of employment or during employment, screening tests for alcohol and illegal drugs may be performed on applicants and employees.

APPLICATION MUST BE TYPED OR COMPLETED IN PEN

Only individuals submitting original Choctaw Residential Center’s applications will be eligible for consideration for employment.

IMPORTANT.....

In order to be eligible for consideration for any job with Choctaw Residential Center, this application must be completed -- Failure to complete any part (including telephone numbers, salaries, signatures, etc.) may cause the application not to be considered for employment. It is also essential that the authorization for release of confidential information to Choctaw Residential Center be signed in order that this application may be processed and the applicant considered for employment.

CHOCTAW RESIDENTIAL CENTER
A DEVELOPMENT OF THE MISSISSIPPI BAND OF CHOCTAW INDIANS
135 RESIDENTIAL CENTER ROAD
CHOCTAW, MISSISSIPPI 39350-6780
TELEPHONE: (601) 656-2582

APPLICATION FOR EMPLOYMENT

Date: _____

POSITION APPLYING FOR: _____

Mr.

Mrs.

Miss

(Last Name) (First Name) (Middle) (Maiden)

Home Address: _____
(City) (State) (Zip Code)

Telephone # () _____ or () _____ Social Security _____

Marital Status: Married ___ Widowed ___ Single ___ Divorced ___ Separated _____

Age ___ Sex ___ Weight ___ Height ___ Date of Birth _____

Are you a citizen of the United States? Yes ___ No ___ if you are not a U.S. Citizen, Do you have the legal right to remain permanently in the United States? _____

Are you member of a federally recognized Tribe? _____ Name of Tribe? _____

Spouses Name _____ Occupation _____

Are you presently employed with another company? _____ if yes, Name of Company presently employed with: _____

On what date would you be available for work? _____

Salary Expected? _____ Are you available to work Full Time or Part Time?
_____ Are willing to work any shift? _____

Do you possess or have available adequate transportation to meet your needs? _____

Education:

Last School Attended: _____

The Highest Grade Completed? _____ if completed High School or Certificate pertaining to the position applying, please attach copy. If Applicant is a Nurse, A copy of the current License must be attached.

Special Qualification and Skills:

Clerical-Typing _____ WPM
Shorthand _____ WPM

LIST OTHER SKILLS, DEGREES, CERTIFICATES, SPECIALIST, AND LICENSE, INCLUDING OPERATION OF OFFICE MACHINES:

1. _____
2. _____
3. _____
4. _____

HAVE YOU BEEN ARRESTED OR CONVICTED OF ANY CRIME? _____

LIST EACH AND EVERY SUCH OFFENCES, DATE OF ARREST OR CHARGE (S) AND THE LOCATION OR JURISDICTION: _____

REFERENCES: LIST THREE PERSONS, NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS, CHARACTER, AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. **IMPORTANT: THIS INFORMATION MUST BE COMPLETED AND CORRECT. INSUFFICIENT INFORMATION MAY CAUSE A DELAY IN PROCESSING THE APPLICATION OR CAUSE YOU TO BE DISQUALIFIED.**

NAME	OCCUPATION	ADDRESS	TELEPHONE NUMBER

PLEASE BEGIN WITH THE MOST RECENT, CURRENT AND PREVIOUS EMPLOYMENT:

1) NAME OF FIRM: _____ TELEPHONE: (____) _____
ADDRESS: _____
SUPERVISORS NAME: _____

_____	_____
BEGINNING DATE	ENDING DATE
_____	_____
STARTING POSITION	ENDING POSITION
_____	_____
STARTING SALARY	ENDING SALARY

DUTIES: _____
REASON FOR LEAVING: _____

2) NAME OF FIRM: _____ TELEPHONE: (____) _____
ADDRESS: _____
SUPERVISORS NAME: _____

_____	_____
BEGINNING DATE	ENDING DATE
_____	_____
STARTING POSITION	ENDING POSITION
_____	_____
STARTING SALARY	ENDING SALARY

DUTIES: _____
REASON FOR LEAVING: _____

3) NAME OF FIRM: _____ TELEPHONE: (____) _____
ADDRESS: _____
SUPERVISORS NAME: _____

_____	_____
BEGINNING DATE	ENDING DATE
_____	_____
STARTING POSITION	ENDING POSITION
_____	_____
STARTING SALARY	ENDING SALARY

DUTIES: _____
REASON FOR LEAVING: _____

READ CAREFULLY BEFORE SIGNING

The information you provide will be used primarily to determine your qualifications for employment. Failure to provide complete information may delay the processing of your application: Therefore, make certain all information is complete.

I hereby certify that all statements on this application are true and complete to the best of my knowledge and belief. In the event of employment, I understand that false and misleading information given in my application or interview(s) and materials to applicant's suitability for employment may result in discharge or other adverse personnel action. I hereby give authorization to the project to which I am applying to contact my past employers.

SIGNATURE OF APPLICANT

DATE

**AUTHORIZATION AND WAIVER
FOR RELEASE OF PERSONNEL DATA RECORD INFORMATION**

I hereby authorize and instruct any person to release any confidential or privileged information concerning my background or past activities to the Choctaw Residential Center on presentation of this copy or Photostat of this waiver, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

Signature of Applicant

Social Security Number

Date of Birth

Date Signed

*****Give name or names used in records if different from above Signature: *****

1. _____

2. _____

3. _____

4. _____

**MISSISSIPPI BAND OF CHOCTAW INDIANS
D/b/a/ Choctaw Residential Center
135 Residential Center Road
Choctaw, MS 39350-6780**

Notification

Choctaw Residential Center is a nursing facility that is licensed by the Mississippi Department of Health and voluntarily complies with Mississippi statues affecting nursing facilities.

As a result of MS legislation passed in the 2003 session, new requirements for employee background checks will go into effect on July 1, 2003, for applicants/employees of our nursing facility. This legislation is to protect our elderly and to reduce the risk for abuse by ensuring that employees do not have an abusive criminal history.

As a potential candidate for employment, this is to advise you that our facility is mandated to conduct a Criminal History Record Check/Fingerprinting for new applicants/employees effective July 1, 2003. Employment will be defined as “temporary” pending the results of the Criminal History Record Check/Fingerprinting. A disqualifying event found during the Criminal History Record Check will result in immediate termination.

As caregivers of our residents, we fully support this measure. The safety and security of our residents should be ensured.

Gay Flake

Gay Flake, RN, LNHA
Administrator
Choctaw Residential Center

I do hereby acknowledge that I have read the above statement. If selected for a potential employee at Choctaw Residential Center, I do hereby authorize Choctaw Residential Center to conduct a Criminal History Record Check/Fingerprinting.

I do understand that I will be classified as a “temporary” employee pending the results of the Criminal History Record Check/Fingerprinting. I also understand that if the results of the Criminal History Record Check reveals activity that is deemed to be disqualifying pursuant to MCA § 43-11-13, et seq. that I will immediately be terminated.

Date

Signature of Applicant