



Providing Comprehensive Community Mental Health Care To The People of North Mississippi  
152 Highway 7 South Oxford, Mississippi 38655 Phone: 662-234-7521 Fax: 662-236-3071

## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

It is the policy of Communicare to comply with all applicable federal, state, and local laws prohibiting discrimination in employment based on race, color, gender, national origin, age, disability, veteran status, genetic information or any other protected status under federal, state, or local laws.

Position Applied for: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_  
Present Address Street City State Zip

\_\_\_\_\_  
Phone Number Alternate Phone Number

\_\_\_\_\_  
E-mail Address

Salary required: \_\_\_\_\_ Days/Shifts Available: \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? Yes or No

Have you ever pled guilty or nolo contendere, (no contest), or been convicted of a crime, including misdemeanors, "driving under the influence (DUI)", and/or "driving while intoxicated (DWI)", but excluding minor traffic violations? ☐ Yes ☐ No  
If yes, explain briefly and provide date of offense:


Driver's License #	State of Issue:	Expiration Date:
Automobile Insurance Carrier:	Traffic violations (tickets, accidents, etc.) for the past five 5 years:	
Note: Driving records will be verified. Applicants for positions requiring extensive driving of personal vehicles or driving of Communicare vans must receive acceptance by our automobile insurance carrier prior to employment.		

Have you previously been employed by Communicare? Yes or No

Have you ever been employed by any Department of Mental Health Facility? Yes or No

If you answered Yes to either or both questions, please provide full information about your employment in the space provided:

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Were you referred by a Communicare Employee?

If yes, list Name and Department: \_\_\_\_\_

Do you have any family members working at Communicare: Yes or No

If yes, list Name and Department: \_\_\_\_\_

### PREVIOUS EMPLOYMENT

Have you ever been employed?

☐ Yes ☐ No

Are you presently employed?

☐ Yes ☐ No

May we contact your present employer regarding your employment history?

☐ Yes ☐ No

Have you ever been terminated from or asked to resign your employment?

☐ Yes ☐ No

If yes, explain:

Please list below all present and past employment beginning with the most recent for the past 10 years. ("See Resume" not accepted)

1	Date of Employment		Job Title	Department
	From	To		
Company			Phone	Supervisor
Address				
Street		City	State	Zip
		Salary		
Reason for Leaving				
Job Duties				

<b>2</b>	Date of Employment From _____ To _____		Job Title	Department
Company		Phone	Supervisor	
Address				
Street		City	State	Zip
		Salary		
Reason for Leaving				
Job Duties				

<b>3</b>	Date of Employment From _____ To _____		Job Title	Department
Company		Phone	Supervisor	
Address				
Street		City	State	Zip
		Salary		
Reason for Leaving				
Job Duties				

Explain any gaps in work history: \_\_\_\_\_

Personal Reference: Include only individuals familiar with your work ability.

Name	Address	Phone	Years acquainted

## EDUCATION/LICENSURE:

Name and Location of School	Years Completed	Major	Degree Awarded
High School			
Undergraduate College			
Graduate/Professional			

## PLEASE LIST ANY LICENSE

Type of program		Graduate/Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	License Number	
Renewal Number		Expiration Date		State Issued In	
If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the date, location, and disposition of your case.					

PLEASE LIST ANY CERTIFICATIONS					
Type of program		Graduate/Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certification Number	
Renewal Number		Expiration Date		State Issued In	

## JOB APPLICANT'S CERTIFICATION

PLEASE READ BEFORE ACKNOWLEDGING YOUR ACCEPTANCE BY CHECKING THE BOX BELOW.

REVIEW YOUR APPLICATION TO ENSURE THAT YOU HAVE ANSWERED EVERY QUESTION ACCURATELY.

I understand that Communicare will rely upon the information provided on this application and any accompanying resume or licenses, if supplied, in making its employment decision, and I represent that the information I have given on this application and any accompanying credentials are complete, true and accurate. I understand that falsification, misrepresentation or omission on this application, my resume, any licenses, or any other personal record/document will be grounds for rejection of my application or immediate termination of my employment, if I am employed, regardless of when the falsification, misrepresentation or omission is discovered.

I further understand that the pre-employment process includes, among other requirements, a fingerprint background check (employees hired after July 1, 2002), child abuse registry check, drug screen, and reference check if I continue in the pre-employment process. I understand that this information will be used by Communicare in making any employment decision.

Do not answer this question unless you have been informed about the requirements of the position for which you are applying:

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you are applying? A review of the activities involved in such a job has been given.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

☐ **I have read, understand, and agree to the conditions set forth above in the Job Applicant Certification.**

Signature of Applicant:	Date:
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### REFERENCE CHECK CONSENT FORM

Printed Name: \_\_\_\_\_

I hereby give my consent and authorization for Communicare to contact individuals, former employers, Law Enforcement Agencies, and any other public or private agency, MS Department of Child Protective Services, company or institution having knowledge of my qualifications and fitness for the position for which I am applying. I further release any and all parties providing information, including Communicare, from all liability for any damage whatsoever incurred in the provision or receipt of such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have nothing in my past history relating to any confirmed allegation of abuse/neglect of neither any person nor any undisclosed criminal convictions. I realize that any misrepresentations of the facts may lead to the rejection of my application and/or dismissal from employment. I further authorize any and all verification of all information related to my background as may be required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **Professional References**

Below list at least 2 professional references from previous employment. We will call and verify your employment as part of our hiring process. If one of these is your currently employer and you would like us not to contact them until you turn in your notice, please let the hiring manager know when you complete this form.

<b>Name of Employer</b>	
<b>Immediate Supervisor</b>	
<b>Dates of Employment</b>	
<b>Address (if known)</b>	
<b>Phone Number</b>	

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<b>Address (if known)</b>	
<b>Phone Number</b>	

## **Communicare Chemical Testing Program**

By signing below, you are acknowledging that you have been made aware of the Communicare Employee Drug Screening Policy, as revised and implemented July 1, 2016. This policy is outlined in the Communicare Employee Handbook, HR-09 and/or you may obtain a copy from the Communicare Human Resources Department. This policy is implemented pursuant to regulations as promulgated by the Mississippi Department of Health.

It shall be the policy of Communicare that a chemical testing program exist to provide reasonable assurance that all employees are not under the influence of chemical substances, either legal or illegal, which might impair their performance and to insure compliance with this agency's policy to maintain a drug-free workplace. Chemical testing may be required for all employees for illegal drugs, alcohol, and prescription/over the counter drugs either by random selection, for cause if there is cause to believe they may be engaged in drug/alcohol abuse, as a follow up to a drug/alcohol re-entry agreement, because of a change in job status, or because of an accident at work. Pre-employment testing shall be conducted for all individuals who are applicants for permanent employment. Any offer of employment is contingent upon the applicant successfully passing the pre-employment drug screen

Personal information collected and maintained in accordance with the Employee Drug Screening Policy shall be protected from disclosure pursuant to Mississippi Law and Health Department Regulations and the Health Insurance Portability and Accountability Act of 1996. Confidentiality of this information shall be assured by making it available only to those individuals with an established need to know. Communicare or management having access to such information shall not disclose it to other persons other than those on the following list without written approval and authorization of the subject individual: (1) Medical Review Officer; (2) appropriate law enforcement officials under court order; (3) the subject of the information or his/her representatives, when authorized in writing by the subject; (4) Communicare duly authorized employees who have a need to have access to the information in performing assigned duties; (5) Communicare employees performing audits of the Chemical Drug Screening Program; (6) Communicare employees deciding matters on review or further action; (7) other persons pursuant to a court order.

Communicare includes in its drug and alcohol testing protocols; marijuana, cocaine, opiates, amphetamines, phencyclidine, alcohol, and other controlled substances. However, if testing for controlled substances other than those specifically named above is conducted, testing for such substances can be done only if the United States Department of Health and Human Services has established an approved protocol and positive threshold for such substance, which has been adopted by the Mississippi Department of Health.

Refusal by an employee to participate in testing may result in disciplinary action, up to and including termination.

A confirmed positive test for illegal drugs shall result in termination.

Any grievances regarding the Communicare Chemical Testing Policy shall be made through the established grievance process as contained in the Employee Handbook, HR-24.

**I hereby acknowledge being notified and receiving a copy of HR-09, Communicare Employee Drug Screening Policy.**

**Name: (Print)** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

North Mississippi Regional Center Acknowledgment of Receipt  
of  
DMH Fingerprinting and Background Checks Policy  
FBI Privacy Act Statement  
FBI Noncriminal Justice Applicant's Privacy Rights

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Department: \_\_\_\_\_

I hereby acknowledge receipt of a copy of the DMH Fingerprinting and Background Checks Policy, FBI Privacy Act Statement and FBI Noncriminal Justice Applicant's Privacy Rights. I further understand that I am responsible for reading these policies and adhering to all requirements as contained therein. I further understand the North Mississippi Regional Center requires that I submit to fingerprinting and such fingerprinting will be submitted to the Mississippi Department of Public Safety and to the FBI. I further understand that it is the right of the Department of Mental Health to require fingerprinting and record check as a condition of employment as required by law. My failure to comply with this request will cause my application to be denied.

The North Mississippi Regional Center is required to ensure that any information received will be maintained in strict confidence and will be destroyed after thirty (30) days. With the exception of any felony conviction record, only job-related information would qualify anyone for employment.

I further understand that I have the right to challenge, within fourteen (14) calendar days, the accuracy and completeness of any information received by the North Mississippi Regional Center as a result of the fingerprint check. I also understand my right to challenge, within fourteen (14) calendar days, the decision of North Mississippi Regional Center to terminate my employment based upon the results of such a check.

My signature below is authorization for my submitting to fingerprints and such prints forwarded to Mississippi Department of Public Safety and the FBI.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

# Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with Communicare, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

**I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to Risk Management Partners, Inc. or its agent.**

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **Communicare's commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

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Full Legal Name (include middle initial)

Social Security Number

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Driver's License Number

State of Issuance

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Date of Birth

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Signature

Date

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# COMMUNICARE

## PRE-EMPLOYMENT

### Applicant Data Form

Detach from Application and Submit Separately  
Completion of this form is voluntary.

Communicare is an Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. The purpose of this Applicant Data Form is to comply with government record-keeping and reporting requirements. The data you provide on this form will be kept confidential and used solely for statistical purposes. This form is processed and maintained separately from your employment application and is not used in the interview or selection process.

1. Application Date: \_\_\_\_\_

2. Position Applied For: \_\_\_\_\_

3. Applicant Name: \_\_\_\_\_

4. Referral Source:

a. Newspaper

b. Employee Referral

c. Walk-in

d. Online

e. Other: \_\_\_\_\_

5. Race/Ethnic Code: (Please Select One)

<input type="radio"/> White (Not of Hispanic Origin)	<input type="radio"/> American Indian or Alaskan Native
<input type="radio"/> Black or African American	<input type="radio"/> Hispanic and Latino
<input type="radio"/> Asian	<input type="radio"/> Native Hawaiian or Other Pacific Islander
<input type="radio"/> Two or more races	

6. Sex/Gender Code: (Please Select One)

<input type="radio"/> Female	<input type="radio"/> Male
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