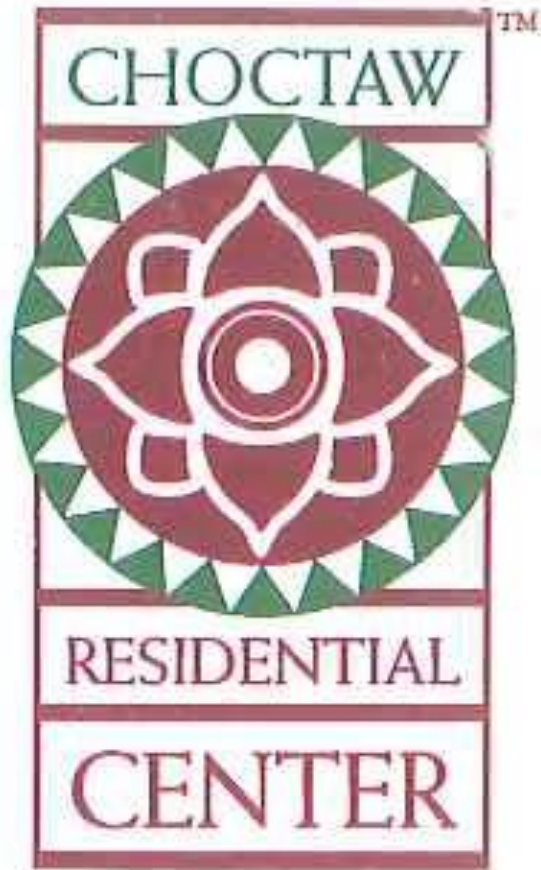


NAME OF APPLICANT: _____

SSN: _____ - _____ - _____



**APPLICATION
FOR
EMPLOYMENT**

BUSINESS OFFICE USE ONLY:

DATED 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
FAX: (601) 656-0670

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 a member of a federally recognized Tribe? ____ Name of Tribe? _____

Spouse's 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 you willing to work any shift? _____

EDUCATION:

Last school attended: _____

The Highest Grade Completed? _____ If completed High School or Certificate pertaining to the position applying, please attach a 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 EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME? _____

LIST EACH AND EVERY SUCH OFFENSES, 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 #

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

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

ADDRESS: _____

SUPERVISOR'S NAME: _____

_____ BEGINNING DATE

_____ ENDING DATE

_____ STARTING POSITION

_____ ENDING POSITION

DUTIES: _____

REASON FOR LEAVING: _____

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

ADDRESS: _____

SUPERVISOR'S NAME: _____

_____ BEGINNING DATE

_____ ENDING DATE

_____ STARTING POSITION

_____ ENDING POSITION

DUTIES: _____

REASON FOR LEAVING: _____

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

ADDRESS: _____

SUPERVISOR'S NAME: _____

_____ BEGINNING DATE

_____ ENDING DATE

_____ STARTING POSITION

_____ ENDING POSITION

DUTIES: _____

REASON FOR LEAVING: _____

**MS BAND OF CHOCTAW INDIANS
d/b/a Choctaw Residential Center
135 Hospital Circle
Choctaw, MS 39350**

Notification

Choctaw Residential Center is a nursing facility that is licensed by the Mississippi Department of Health and voluntarily complies with Mississippi statutes 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
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 reveal 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