



Mentor Application

Community Links, Inc. does not discriminate in its employment practice with regard to race, color, religion, sex, ethnic origin, age, irrelevant disability, or marital status.

Date: _____

Name: _____
First Last Initial

Present Address: _____
No. Street City State Zip

Date of Birth: _____ Social Security Number: ____-____-____
Month/day/year

Phone Number: _____ Email: _____

Person to contact in case of accident or emergency:

Name Address Phone Relationship

Date Available: _____

Are you seeking to become employed: Full-time Part-time Seasonal

Contract Position (Job Class) Applying for:

Respite Mentor Program Director Clerical Camp Assistant

Other: _____

RECORD OF EDUCATION

Last Year of High School Completed? 10 11 12

Did you graduate? _____ When? _____

Years Completed in College/Technological School 1 2 3 4 5 6

Did you graduate? _____ When? _____ Degree Received _____

List other Educational Experiences _____



EMPLOYMENT HISTORY

List below all past and present employment beginning with your most recent employment:

1. Name _____
Phone _____
Duties: _____

May we contact: Yes No

2. Name _____
Phone _____
Duties: _____

May we contact: Yes No

3. Name _____
Phone _____
Duties: _____

May we contact: Yes No

Are there any experiences, skills, or qualifications that you feel would especially fit you for work with C Links? _____



Certifications: Please check any of the following techniques or topics on which you have received training or schooling.

- | | | |
|--|---|--|
| <input type="checkbox"/> CPR/First Aid | <input type="checkbox"/> Boundaries | <input type="checkbox"/> Social Skills/Peer relations |
| <input type="checkbox"/> Mental Health Diagnosis | <input type="checkbox"/> Confidentiality | <input type="checkbox"/> Negative School behavior |
| <input type="checkbox"/> CPI | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Creating positive environment |
| <input type="checkbox"/> Alcohol & Drug abuse | <input type="checkbox"/> Truancy | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Cultural Diversity | <input type="checkbox"/> Domestic violence |

Placement Preferences

Please specify your preferences as to the type of child you prefer to be connected with. I am only interested in providing care for the following child/family at this time: _____

NOTE: If you checked the above box, you may skip down to the "Criminal History/Child Abuse Clearance" section

Sex: M F No preference Age Range: 5 to 8 9 to 12 13 to 18

Race/Ethnicity:

American Indian or Alaskan Native	Hispanic or Latino	No preference
Asian	White or Caucasian	
Black or African American	Other: _____	

Motivation

Please explain why you would like to become a Respite Mentor: _____

Please list a few of your strengths that could help in the caregiver role:

In a few sentences, describe your general disciplinary philosophy: _____



CHARACTER REFERENCES

List four (4) professional/personal character references. At least three must be non-relatives; one may be a previous employer.

<u>Name/Occupation</u>	<u>Address</u>	<u>Phone Number</u>
1. _____		
Checked by: _____	Date: _____	
2. _____		
Checked by: _____	Date: _____	
3. _____		
Checked by: _____	Date: _____	
4. _____		
Checked by: _____	Date: _____	

Have you ever been bonded? _____ If yes, on what jobs? _____



APPLICANT'S STATEMENT OF UNDERSTANDING
Conditions of Employment & Background Statement

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment. _____

I give Community Links, Inc. permission to use any information in this application to enable it and its agents to verify the information contained in this application. I also authorize present and former employers, educational institutions I have attended, all references, and any other persons to answer all questions asked by Community Links, Inc. with regard to any of the subjects covered by this application. **I give Community Links permission to conduct a child abuse registry search, criminal and driving background investigation and that my employment may be contingent on the results of such investigation.** I understand that it is my responsibility to complete each form, obtain a notary seal, and return them to Community Links. _____

I understand also that I am required to abide by all rules and regulations of Community Links and all governing agencies that certify the programs that I will be working under. I also understand I am a contractual employee at will and employed for no definite period of time. I understand that either Community Links, Inc. or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of Community Links, Inc., at any time, can constitute a contract of employment.

Are you currently authorized to work in the United States? **YES/NO**

Are there any driving restrictions that will prevent you from carrying out the general duties of a respite care mentor or direct care staff? **YES/ NO** Please explain below (can write on back or attach additional sheet): I understand that if at any time that my driver's license is revoked or suspended that I will immediately report it to Community Links within 24 hours from the time of incident. _____

Are there any physical limitations that will prevent you from carrying out the general duties of a respite care mentor or direct care staff? **YES/ NO** If yes, can the duties be performed with reasonable accommodations? **YES/ NO**

I verify that I am physically fit to carry out the duties of the job that I am applying for. I also verify that I do not abuse alcohol or use any illegal drugs. I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on the results. _____

Have you or ever been convicted of, charged with or plead guilty to any criminal history? **YES/ NO** If yes, explain below (can write on back or attach additional sheet).

I understand that I must notify *my employer* within 24 hours if, while employed with this agency, if I am formally charged with, convicted of, or plead guilty to any criminal behavior. Failure to report formal charges, a conviction, or a guilty plea may result in being dismissed from employment. _____

Employee Signature

Date



CONSENT TO RELEASE RECORD(S)

DRIVER SERVICE POLICY: 6-9(A)

DRIVER NAME: _____ DL NO _____ DOB: _____

By signing below, I voluntarily give consent to the Mississippi Department of Public Safety to release the following record(s), including personal information within my driver license file. I request the request the record(s) indicated by my signature below to be released by the Department of Public Safety, their agents and employees, to the following person, company, corporation or legal entity:

RELEASE RECORD/INFORMATION TO: **Community Links, Inc., 1060 E. County Line Rd.
Ste. 3A- 302
Ridgeland, MS 39157**

_____ MVR Summary

_____ Other Record (SPECIFY)

(DRIVER'S SIGNATURE OF CONSENT)

STATE OF MISSISSIPPI

COUNTY OF _____

PERSONALLY appeared before me, the undersigned authority in and for the county and state aforesaid, the within named _____, who states upon his/her oath and personal knowledge that all matters, fact and things set forth in the above and foregoing document are true and correct as therein stated.

(DRIVER'S SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of _____, 20_____.

(MY COMMISSION EXPIRES)

(NOTARY PUBLIC)

(DATE)

(PRINT – RECIPENT OF RECORD)

(SIGNATURE OF RECIPENT OF RECORD)

=====
NOTICE: As required by the Federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, the Mississippi Department of Public Safety will not release personal information from your driver record unless you consent by waiving your right to privacy under the DPPA; OR, unless the Department is required by DPPA to release personal information without your consent, such as in connection with matters of safety, theft, emissions, product alternations, recalls, advisories, certain federal laws; or unless the DPPA authorizes the Department to release it, such as to governmental entities, courts, insurance companies and to other specified..
DPPA-2



To: Mississippi Department of Human Services
Division of Family and Children Services
Child Abuse Central Registry
P.O. Box 352
Jackson, MS 39205

From: Cynthia Moore-Hardy, Director
1060 E. County Line Rd.
Ste. 3A-302
Ridgeland, MS 39157
601-963-0963

Applicant's Name _____
[Include maiden names and aliases]

Social Security Number _____ Date of Birth _____
[Requesting Agency must verify by viewing the applicant's driver license and social security card]

Applicant's Telephone Number _____

Applicant's Mailing Address _____

Applicant's Physical Address _____

By signing this form, I give the above named agency permission to request an MDHS Child Abuse and Neglect Central Registry Check.

Applicant's Signature Date

I have witnessed the applicant's signature and the information is true and attested by my viewing of the applicant's social security card and driver's license. I understand that this information must be kept confidential with my agency.

Signature of Witness _____
[Witness must be a representative of the requesting agency.]



This section to be completed by MDHS Office

_____ No identifying information was found in the Central Registry

_____ The following information was found in the Central Registry

Signature of MDHS Representative Date

*****send in a self-addressed stamped envelope**

**Mississippi Bureau of Investigation
Mississippi Criminal Information Center
3891 HWY 468 WEST PEARL, MS 39208**

AUTHORIZATION TO RELEASE BACKGROUND INFORMATION

THIS FORM MUST BE **COMPLETED, SIGNED, AND PRINTED** LEGIBLE. **(PLEASE PROVIDE A COPY OF YOUR STATE ID OR DRIVER LICENSE)**
NOTE: ALL BACKGROUND CHECKS MAY TAKE UP TO 30 DAYS TO BE COMPLETED.

IF THE CRIMINAL BACKGROUND CHECK RESULTS ARE TO BE RELEASED TO A **THIRD PARTY**, YOU **MUST** PROVIDE THE THIRD-PARTY NAME AND MAILING ADDRESS IN **BLOCKS 11, 12, 13, 14 & 15**.

IF THE CRIMINAL BACKGROUND CHECK RESULTS ARE TO BE FAXED, YOU **MUST** PROVIDE A FAX NUMBER IN **BLOCK 16**.

SUBMIT THIS FORM WITH A \$32.00 MONEY ORDER TO:	MS BUREAU OF INVESTIGATION ATTN: CIC/BACKGROUND CHECKS 3891 HIGHWAY 468WEST PEARL, MISSISSIPPI 39208
MONEY ORDER #	

REASON FOR CRIMINAL BACKGROUND CHECK: ADOPTION IMMIGRATION OTHER

1. NAME (LAST, FIRST & MIDDLE INITIAL)		2. ADDRESS		
3. CITY		4. STATE		5. ZIP CODE
6. SOCIAL SECURITY NO.	7. DOB (YYYYMMDD)	8. RACE	9. SEX Male Female	10. PHONE NO.

I AUTHORIZE AND CONSENT TO RELEASE A (FINGERPRINT) OR (NAME) BASED BACKGROUND CHECK TO:

11. NAME (LAST, FIRST & MIDDLE INITIAL)		12. ADDRESS		
13. CITY		14. STATE	15. ZIP CODE	16. FAX NO.

AND, REQUEST THE INSPECTION OF **ANY AND ALL CRIMINAL RECORDS INFORMATION** IN THE POSSESSION OF OR ACCESSIBLE BY THE MISSISSIPPI JUSTICE INFORMATION CENTER, INCLUDING, BUT NOT LIMITED TO, ANY PAST HISTORY OF A CRIMINAL OFFENSE(S) FOR WHICH I MAY HAVE BEEN CHARGED OR CONVICTED.

BY GIVING THE ABOVE-DESCRIBED RELEASE, I HEREBY WAIVE ANY AND ALL CLAIMS OR LIABILITY FOR COMPLIANCE WHICH I MAY NOW HAVE OR MAY HAVE IN THE FUTURE AGAINST THE STATE OF MISSISSIPPI, THE MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY, THE MISSISSIPPI BUREAU OF INVESTIGATION, AND THE MISSISSIPPI JUSTICE INFORMATION CENTER, IT'S EMPLOYEES AND AGENTS, CONCERNING SAID INFORMATION, AND DO HEREBY INDEMNIFY THE STATE OF MISSISSIPPI, THE MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY, THE MISSISSIPPI BUREAU OF INVESTIGATION, AND THE MISSISSIPPI JUSTICE INFORMATION CENTER, IT'S EMPLOYEES AND AGENTS, AGAINST ANY AND ALL FUTURE ACTIONS WITH REFERENCE TO THE RELEASE OF THE ABOVE-DESCRIBED INFORMATION AND THE CIRCUMSTANCES SURROUNDING THE SAME.

SIGNATURE	DATE
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State of _____, County of _____
Signed and sworn (or affirmed) before me on _____ [date] by _____ [names(s) of person(s) making statement].

[Seal] My Commission Expires: _____ Notary Signature _____