

ELLISVILLE STATE SCHOOL

1101 Highway 11 South
Ellisville, MS 39437

Phone: (601) 477-9384

New Hire Information Packet

Read all documents and fill-out the attached form(s):

Print clear and concise with a black or blue ink pen. Make sure information is readable on all forms. Be sure to sign employee signature and date of forms. *All documents must be signed according to your name on Social Security Card.*

Submit forms to Human Resources the date of scheduled appointment or email to the following email address(s):

Bethany.Welch@ess.ms.gov

You can also fax information to Human Resources (601) 477-5710.

Please call Human Resources (601) 477-5625 if you have any questions regarding the documents of the new hire information packet.

ATTENTION

It is mandatory that all payroll checks are Direct Deposited into the following accounts: Checking, Saving or (eligible) Money Card. You must submit proof of account with bank name, routing number and account number on document(s). Your name must be on the account listed.

Please contact **PAYROLL** in references to payroll inquiries; direct deposits, retirement and/or taxes.

INFORMATION SHEET

NAME OF EMPLOYEE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE NO _____ OTHER NO _____ EMAIL _____

EMERGENCY CONTACT/RELATION _____ PHONE# _____

LIST NAME(S) OF RELATIVES/FAMILY CURRENTLY EMPLOYED AT ELLISVILLE STATE SCHOOL

Do you agree to receive TEXT message from ESS? YES _____ NO _____ (Please Initial)

DO NOT WRITE BELOW LINE (OFFICE USE ONLY)

PREVIOUS ESS EMPLOYMENT DATES _____ AND/OR DMH DATES _____

WITHDRAWAL OF STATE RETIREMENT (PERS) YES _____ NO _____ IF YES, DATE _____

DATE OF HIRE: _____

JOB TITLE: _____ APPLICATION _____

WORK AREA _____ SHIFT _____ PIN _____

FLASA STATUS _____ (Exempt or Non-Exempt)

*NON-EXEMPT STATUS ONLY CHECK ONE:

*Comp Time (overtime hours) _____ or *Cash Payment (overtime pay) _____

COPY OF INTERVIEW CHECKLIST _____ PA _____ COPY OF CAMPUS AD (TOP PAGE ONLY) _____

*NURSE AID REGISTRY (print form) _____ MILITARY SELECTIVE SERVICE _____

EDUCATION: () COLLEGE () HS DIPLOMA/GED () TRANSCRIPT () OTHER

PICTURE ID _____ SOCIAL SECURITY CARD _____ VOTER'S CARD _____

EMPLOYMENT REFERENCES _____ PERSONAL REFERENCES _____

TIME-LIMITED FORM (if applicable) _____ PART-TIME OR FULL TIME _____

LICENSURE OR CERTIFICATION TYPE/NUMBER _____

DRUG TESTED: _____ FINGERPRINTED: _____ CHILD ABUSE REGISTRY SUBMITTED: _____

COVID INFO: VACCINATED (info submitted): _____ NON-VACCINATED _____

I-9 PULLED (in separate file) _____

Approved Driver: Yes _____ No _____ Race _____ Gender _____

OIG: _____

Ellisville State School



Dr. Rinsey McSwain
Director

1101 Highway 11 South
Ellisville, Mississippi 39437-4444

Phone: (601) 477-9384
Fax: (601) 477-5700

***READ AND INITIAL EACH PARAGRAPH**

I have never been employed at Ellisville State School. _____
or Initial One
I have been employed at Ellisville State School. _____
Initial One

I hereby agree to begin orientation/employment at Ellisville State School on _____, with the full knowledge that my employment will not be finalized until a later date. Should my employment at Ellisville State School be rejected by the Mississippi State Personnel Board while I'm in orientation, I fully understand and agree to the fact that I will be paid for the time I have worked. I fully understand that this is not likely to happen and that by me making this agreement I will be able to begin my employment on the date indicated above. * _____

Indicate if you were referred by the WIN Job Center or Job Fair or ESS Electronic Board

WIN-Laurel: _____ WIN- Hattiesburg: _____ WIN-Columbia: _____ Job Fair: _____

Ellisville State School Electronic Billboard: _____ Other: _____

I have nothing in my past history that could contribute to resident abuse/neglect (i.e., conviction of a felony, child abuse, drug abuse, etc.). I realize that any misrepresentation of the facts could constitute grounds for dismissal. * _____

I have been informed that Ellisville State School is a Tobacco Free Facility. I am aware that employees are prohibited from smoking or using tobacco products anywhere on the main campus or community-based programs. This includes personal vehicles parked on property where residential or community-based services are provided. * _____

Employee Signature

Date

NON-EXEMPT STATUS

Compensatory/Overtime Status Choice Sheet

PRINT NAME: _____

DATE: _____

State employees in these positions that have been classified “NON-EXEMPT”, may receive compensatory time (overtime hours) or cash payment (overtime pay) at a rate of not less than one and one-half hours for each hour worked over forty hours in a workweek. Please initial which one of the following you wish to earn:

****All employees must have prior approval from their Supervisor to work overtime.****

PLEASE **INITIAL** YOUR CHOICE **(select 1)**

Compensatory Time (overtime hours earned): _____

Overtime Pay (extra money-payment): _____

Employee Signature

Date

Title

Ellisville State School



Dr. Rinsey McSwain
Director

1101 Highway 11 South
Ellisville, Mississippi 39437-4444

Phone: (601) 477-9384
Fax: (601) 477-5700

Acknowledgement of the Department of Mental Health Fingerprinting and Background Checks

I understand that Ellisville State School is required by law to obtain fingerprints and receive a background check from state level and from Department of Public Safety to the FBI. All potential employees, employees for promotion, potential volunteers, and volunteers will be fingerprinted. No potential employee, employee, and /or potential volunteer, who has a criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of person's shall be employed or able to volunteer. I am aware that my failure to comply with this request ensures my application is denied for further review.

Ellisville State School is required to ensure that any information received will be maintained in strictest confidence and shall remain in a secure place for minimum of thirty (30) days. After thirty (30) days, the records will be shredded.

I further understand that I have the right to challenge the accuracy and completeness of any information received by Ellisville State School as a result of the background check. If I choose to challenge the accuracy of the background check, my request must be in writing and submitted to Ellisville State School within fourteen (14) calendar days of the date of decision to withdraw the job offer or to terminate my employment with Ellisville State School.

My signature below is authorization to obtain and submit my fingerprints to the Mississippi Department of Public Safety and the FBI.

Applicant Signature: _____ Date: _____

Date Prints Taken: _____ Staff Signature: _____

Date Information Received and Records Destroyed: _____

Date of Hire: _____

Ellisville State School



Dr. Rinsey McSwain
Director

1101 Highway 11 South
Ellisville, Mississippi 39437-4444

Phone: (601) 477-9384
Fax: (601) 477-5700

NOTICE TO APPLICANTS

DRUG AND ALCOHOL TESTING PROGRAM

Ellisville State School has implemented a drug and alcohol policy and conducts a testing program, pursuant to House Bill 84 of the 1994 Mississippi State Legislature and the Code of Federal Regulations at 49 C.F.R. Parts 40,282,391, and 395, as amended (1994), and you are hereby advised of the existence of the policy and statutes.

It is the policy of the Department of Mental Health and its facilities that 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 is required for all employees for: (1) pre-employment; (2) reasonable suspicion or cause; and, (3) on a random basis. Testing based on reasonable suspicion or cause may also result in post-accident / incident testing and / or follow-up testing.

All information, interviews, reports, statements, memoranda and test results, written or otherwise, received by Ellisville State School through its drug and alcohol testing program are confidential communications, except under certain circumstance as allowed by state and federal law.

An employee or job applicant shall be allowed to confidentially report to Ellisville State School of currently or recent used prescription and nonprescription drugs at the time of the taking of the specimen to be tested, and such information shall be placed in writing upon the employer's drug and alcohol testing custody and control form prior to initial testing.

Refusal by any applicant to submit to testing will be cause for non-consideration of employment.

The following chemical substances may be tested for: (1) Alcohol; (2) Marijuana; (3) Cocaine; (4) Opiate; (5) Phencyclidines; and, (6) Amphetamines.

Name

Date



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No 1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1** or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status. (See page 2 and 3 of the instructions.)

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these

USCIS A-Number OR Form I-94 Admission Number OR Foreign Passport Number and Country of Issuance

Signature of Employee

Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A	OR	List B	AND	List C
Document Title 1	OR			
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 2 (if any)		Additional Information		
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment
(mm/dd/yyyy)

Last Name, First Name and Title of Employer or Authorized Representative

Signature of Employer or Authorized Representative

Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name

Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Ellisville State School



Dr. Rinsey McSwain
Director

1101 Highway 11 South
Ellisville, Mississippi 39437-4444

Phone: (601) 477-9384
Fax: (601) 477-5700

MEMORANDUM

TO: All Employees

FROM: Dr. Rinsey McSwain, ESS Director

DATE: October 26, 2023

RE: Tobacco-Free Campus

Please be advised that as of March 1, 2011, Ellisville State School became a "Tobacco Free Facility". This applies to all employees, visitors, vendors, contractual staff and the people we serve admitted after March 1, 2011.

Employees are prohibited from smoking or using smokeless tobacco products anywhere on campus or community-based programs. This includes personal vehicles parked on property where residential or community-based services are provided.

The people we serve who use tobacco products will continue to be educated on the health risks of tobacco use. However, they may continue to use the products under current policies and procedures addressing smoking (located in the ESS Safety Manual, Section 30.0).

Assistance for employees who wish to discontinue the use of tobacco products. Help is available through the Mississippi Wellness Health Program. The website for this program is

www.webmdhealth.com/mississippi

When you access the website enter the word "smoking" in the search box/field to obtain the information you need.

Internet access is available to all employees for this purpose through the Information Technology Department.

Thank you for your cooperation with this effort to create a safer environment for the people we serve and our workforce.

Ellisville State School



Dr. Rinsey McSwain
Director

1101 Highway 11 South
Ellisville, Mississippi 39437-4444

Phone: (601) 477-9384
Fax: (601) 477-5700

MEMORANDUM

TO: New Employee

FROM: Human Resources

RE: Welcome Email: Ellisville State School/Retain

Ellisville State School has partnered with Retain, a Pinnacle Group software, which allows employee engagement and feedback on job-related issues or concerns.

As a new employee, you will receive an email from Retain@PinnacleQL.com and/or a text message from 77369 to verify your contact information.

As a new employee, you will be asked to complete a milestone survey after 15, 30, 60, and 90 days of employment. You will receive an invitation to participate in this New Hire Survey via email and/or text message.

Please take the time to complete the survey so that we can get accurate feedback concerning your job and future at Ellisville State School.

If you have any questions, you can contact Adrian McDonald in Human Resources at (601) 477-5624 or adrian.mcdonald@ess.ms.gov.

RM/gp

ELLISVILLE STATE SCHOOL

New Employee Orientation

Orientation Date: _____

Orientation is held at Workforce Development for 8 days: Monday thru the next Monday, 8:00 a.m.- 4:30 p.m. (excluding Saturday and Sunday). Tuesday & Wednesday 6:00 a.m. – 2:30 p.m. dorm training. Below are guidelines to follow when attending Orientation.

1. Come prepared as you would for any class, bring an ink pen and highlighter
2. *Be on time every day. If you are going to be late, call **WORKFORCE DEVELOPMENT** (601)477-5856 or (601) 477-5855. You will be docked and possibly reprimanded and/or terminated.*
3. Feel free to bring your lunch. There are snack and drink machines, a refrigerator, and a microwave available for you to use. You get 30 minutes for lunch each day.
4. Parking on the grass is prohibited. If you park on the grass, you will be given citation.
5. Cell phones are not allowed to be used in classroom; use during breaks. If someone needs to reach you, he or she may leave a message at (601) 477-5856 (emergency only) and you may return the call on break.
6. It is often cold in the Orientation classroom, so you may bring a jacket or sweater.
7. **THE DRESS CODE WILL BE COVERED IN DETAIL ON THE FIRST DAY OF ORIENTATION, BUT NOTE THE FOLLOWINGS ARE PROHIBITED.**
 - a. Shorts should not be worn by men or women unless it is for special recreational activity with special permission granted by the Department Supervisor.
 - b. Any sheer (see thru), low cut clothing or skirts shorter than 2 inches from the top of the knee; clothes with holes, tears or otherwise in disrepair should not be worn.
 - c. Form-fitting tights leggings, or stirrup pants should not be worn
 - d. No saggy pants, lounge or pajama pants may not be worn
 - e. Any clothing or hats containing obscene, offensive, or gang-related statements or symbols, ads for alcoholic or tobacco products are prohibited
 - f. Hat/caps without obscene or offensive statements or symbols maybe worn. Wave caps “do rags” bonnets and stocking caps are not appropriate to wear at any time. Hoodies should not be worn over the head while indoors
 - g. Wearing of undershirts or sleeveless muscle shirts alone are prohibited
 - h. Facial jewelry, i.e. eyebrow, tongue, lip and nose jewelry are prohibited.
 - i. Hair should be neat, clean and appropriate for the work environment. Hair that is artificially colored must be a naturally occurring hair color, such as: yellow, blue, pink, orange, purple or green hair colors are not acceptable.
 - j. Shoes in dormitory settings, non-skid shoes with closed toes and closed heels should be worn in dormitory settings. Excessive high-heeled shoes or “Flip flop” type shoes are not appropriate to wear while at work.

Updated 01/06/2025