



**STONE COUNTY**  
Nursing & Rehabilitation Center

Always Operating **ABOVE THE LINE** in Everything We Do

1436 E Central Avenue, Wiggins, MS 39577 | 601.928.1899 | stoneconursing.com

----- **EMPLOYMENT APPLICATION** -----

Thank you for submitting your application for employment. It is our policy to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, or any other reason prohibited by law. Your application will remain active for 60 calendar days from the date submitted. If you have not heard from us by that time, you may submit a new application. We will be happy to assist or accommodate you in completing your application and/or the application process.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Are you at least 18 years old?  Yes  No      Are you authorized to work in the U.S.?  Yes  No

\_\_\_\_\_ **POSITION APPLYING FOR** \_\_\_\_\_

Position Name: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

Position Status Desired:  Days  Evenings  Nights

*You may be required to work day, night, weekend, or on-call shifts.*

Have you ever been employed with any of the following facilities:

Yes  No Leakesville Rehabilitation & Nursing Center

Yes  No Stone County Nursing & Rehabilitation Center

Yes  No Woodland Village Nursing Center

Yes  No Stone County Hospital

**EMPLOYMENT HISTORY**

**Please complete employment history only if no resume is attached. List your employment history starting with your most recent job. Please attach a separate document for additional employment history listings.**

**Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**May we contact your current employer?**  **Yes**  **No**

**If no, please explain:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**SKILLS**

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List any skills that you can apply to this job position and would be helpful to us in considering you for employment.

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**EDUCATION**

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High School: \_\_\_\_\_ Location: \_\_\_\_\_

Did you earn a Diploma?  Yes  No      Did you earn a GED?  Yes  No

College or Technical School	Location	Degree Received

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**LICENSE/CERTIFICATION**

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Type	State	Registration Number	Expiration Date

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**REFERENCES - LIST (3) THREE BUSINESS REFERENCES**

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Name	Job Title	Company Name	Phone Number

**Stone County Nursing & Rehabilitation Center is a tobacco-free workplace.**

**The selected candidate may be required to submit to a criminal background check and drug screen.**

**I hereby affirm that the information on this application (and resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that my employment can be terminated, with or without cause, at any time at the discretion of the employer or myself. I understand that no management official other than the Chief Executive Officer of the employer has any authority to enter into agreement contrary to the foregoing or to make any oral assurance or promise of continued employment to me. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and resume, if any) to provide any relevant information that may be required to arrive at an employment decision.**

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

**Please return completed application and voluntary disclosure form by mail, in person, or email to [apply@scnrc.net](mailto:apply@scnrc.net).**



**STONE COUNTY**  
Nursing & Rehabilitation Center

An Equal Opportunity Employer

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**PRE-OFFER VOLUNTARY**  
**SELF-IDENTIFICATION INFORMATION**  
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The Employer invites applicants to voluntarily self-identify their race, ethnicity, gender, veteran and disability status. Submission of this information is voluntary, and refusal to provide it will have no bearing on your employment status. The information will be kept confidential and if reported, data will not identify any specific individual.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application.

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

\_\_\_\_\_ **REFERRAL SOURCE(S)** \_\_\_\_\_

**Referral Sources:**

- State Workforce Agency       Company Website       Employment Agency
- Advertisement                       Online                       School
- Employee Referral                       Other

\_\_\_\_\_ **APPLICANT INFORMATION** \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Gender:**

- Male       Female       Do Not Wish to Identify

**Are you an individual with a disability?**

- Not an Individual with a Disability       Yes, I have a Disability       Do Not Wish to Identify

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**ETHNICITY/RACE**

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Are you Hispanic or Latino?  Yes  No

**IMPORTANT: Only complete this section if you checked, "No, I am not Hispanic or Latino" in ethnicity section above.**

What is your race? Select one of the following categories:

- White  Black or African American  Asian  
 Native Hawaiian or Other Pacific Islander  American Indian or Alaskan Native  Two or more races  
 Do not wish to identify
- 

**ETHNICITY/RACE CATEGORY DESCRIPTIONS:**

**White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black or African American** - A person having origins in any of the Black racial groups of Africa.

**American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Two or More Races** - All persons who identify with more than one of the above five races.

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**VETERAN STATUS**

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**Veteran:**

- Not a Veteran  Veteran  Do Not Wish to Identify

**VETERAN**

**As defined under one or more of the following:**

- Served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
  - was discharged or released from active duty for a service-connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
  - who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
  - one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).
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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_