



Parking and Walking Directions

Human Resources Service Center, N137-A

2500 North State Street
Jackson, MS 39216



Yellow: Driving instructions from State Street to Garage A

- 1) Turn from State Street onto main campus.
- 2) Take a left onto University Drive.
- 3) Continue on University drive as it curves to the right and enter Garage A.
- 4) Park and be sure to bring your ticket with you for validation.

Blue: Walking path from Parking Garage A to HR Service Center

- 1) Exit the garage toward the School of Nursing.
- 2) Cross the circular drive next to Parking Garage A. Walk towards the School of Nursing, following signage for University Hospital and Clinics.
- 3) Navigate around construction and enter University Hospital using the sliding glass doors to your right. Continue straight through the 2nd set of glass doors. The HR – Service Center (N137-A) will be the 2nd door on the left once inside the building.

Accessible and Inclement Weather Directions

- 1) Exit Garage A and walk to the main entrance of University Hospital.
- 2) Enter University Hospital.
- 3) Use the elevator or stairs to reach the 2nd floor lobby
- 4) From the second level, walk left toward signs reading "To Central Elevators."
- 5) Turn left at the intersection just past the Business Office window, following signs for "North Central Elevators".
- 6) Continue along the hallway to room N137-A (the 2nd to last door on the right before the glass doors exit the hall).

CONSENT AND FULL RELEASE FOR FINGERPRINTING AND BACKGROUND INVESTIGATION

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is thereby given that a consumer report or investigative consumer report may be obtained which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record and credit history. This report may also include information pertaining to a commercial driver's license and commercial driving work history, which, under provisions of the United States Department of Transportation, can include inquiries into drug, alcohol testing, and fingerprinting. Fingerprints you submit will be used to check the criminal history records information of the FBI. You have the right to challenge the accuracy of the information on the FBI record. Should you choose to challenge the accuracy of your record, you will be afforded a reasonable amount of time to correct or complete the record before you are denied a job, license, or other benefit based on the information in the criminal history. If you decline to do so, you need do nothing. To challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (See 28 CFR 16.30 through 16.34). This report will be used for authorized purposes only, and will be processed by the University of Mississippi Medical Center Human Resources Department, 2500 North State Street, Jackson, MS 39216-4505. If you are applying for employment, an investigation into your worker's compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA). The University of Mississippi Medical Center agrees to use its best efforts to perform necessary screening procedures on applicants and/or current employees, with accurate, current, complete, and reliable information based on such information as is reasonably available and obtained via applicable public records sources, fingerprinting and/or information services utilized by the University of Mississippi Medical Center. Sources also include contact by phone, fax, US mail, and electronic mail of an applicant's previous employers, education officials and other individuals who can provide accurate verification and confirmation of the applicant's background. However, the University of Mississippi Medical Center cannot guarantee the accuracy of information provided by these sources, which include courts, public record databases, commonly accepted information sources, previous employers and individuals. Under the provisions of the FCRA, you have the right to dispute information provided in a report and after providing proper identification you can request a copy of such report(s) including details about the sources of the information. You may also request a copy of your FBI criminal history record information. Such information will be provided to you at no cost within 30 days after receiving your request in writing. *You are not required to share your criminal history record information with any private entity or other third-party.* This information will be provided by University of Mississippi Medical Center Human Resources where you were fingerprinted. Upon your request, the University of Mississippi Medical Center will provide additional details regarding your screening report, including the names of specific resources used to gather information, such as courts, schools, public record databases, previous employers, commonly accepted data sources and individuals.

PRINT Name _____ Date of Birth _____

Other Last Name(s) Used _____ Gender _____

Social Security Number _____ Phone _____

Physical Address _____

City _____ State _____ Zip Code _____

PRINT Active Email Address _____

By signing below I authorize UMMC to conduct a background check as may be required. I acknowledge that I have been informed of the Non-Criminal Justice Applicant Privacy Rights and I understand my fingerprints will be run through the criminal history records of the FBI. I hold harmless any person or entity providing information about me in response to UMMC's request. I understand and agree that correspondence may be sent to me by UMMC email at the email address I have provided. The email address I have provided is an active email address to which only I have access. I also understand that I am responsible for checking the email account I provided, including my SPAM folder for any UMMC related correspondence.

Signature _____ Date _____



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



THE UNIVERSITY OF
MISSISSIPPI
MEDICAL CENTER

Consent for Drug Screen and Employment Qualification Testing

I understand that it is the policy of the University of Mississippi Medical Center (UMMC) to prohibit the use, possession, transportation or sale of illegal or non-prescribed drugs and alcoholic beverages on the premises of the Medical Center. Further, that under Mississippi Law I am required to submit to fingerprinting and a criminal background investigation. I understand that it is violation of Medical Center policy for an employee to be under the influence of drugs or alcohol while at work and it is prohibited to report for, or work while impaired. I acknowledge that UMMC is a tobacco free campus and the use of all tobacco products is prohibited at work.

My signature below constitutes my consent to provide a sample of my blood, breath, hair, urine or other related sample for alcohol and/or drug testing analysis and to submit to fingerprinting and a criminal background check. I understand that failure to timely cooperate with any pre-employment testing and/or qualification procedure will be construed as a withdrawal of my application for employment. I understand that I may be requested to submit an observed 2nd sample for drug screening within 24 hours if the original sample is too dilute to yield results. I understand that I may, upon request, review the University of Mississippi Medical Center Drug and Alcohol Testing - Fingerprinting and Tobacco policies. As an inducement to persuade UMMC to consider me for employment, I hereby authorize the University of Mississippi Medical Center to conduct the qualification testing/procedures indicated.

Upon employment, I agree to a physical assessment and examination which will include blood test, TB skin test and may include a chest x-ray and/or other testing medically or otherwise indicated.

AFTER PRESENTING FOR TESTING DO NOT LEAVE THE RECEPTION AREA.

____ I **HAVE** taken the following prescription medication(s) or drug(s) during the last **two months**:

____ I have **NOT** taken **any** prescription medication(s) or other drug(s) during the last **two months**.

List any medical conditions that might cause your urine to be dilute: _____

Approximately how much liquid have you consumed in the last 12 hours? _____
LEAVE BLANK UNTIL THE DAY OF YOUR APPOINTMENT

NEATLY PRINT NAME: _____
Note: Please **PRINT** your name exactly as it appears on your government-issued identification.

SOCIAL SECURITY NUMBER: _____ TODAY'S DATE: _____

APPLICANT SIGNATURE: _____

----- For Office Use Only -----

Employee/Student Health Representative _____ Date _____

Chain-of-Custody Verified _____ Date _____