



MISSISSIPPI BOARD OF **BARBER EXAMINERS**

INSPECTOR OPPORTUNITIES

If you are interested in applying for an independent contract position with the Mississippi Board of Barber Examiners, please refer to the Background Application below.

Ensure that you check the box of which you have interest and refer to the sample Scope of Services attached for that particular position.

The deadline for application is November 8, 2023. You must provide a letter indicating your interest and enclose the application.

Mail to:

**MISSISSIPPI BOARD OF BARBER EXAMINERS
ATTN: BOARD CHAIRMAN
510 GEORGE STREET, #400
JACKSON, MS 39202**

Email to:

awelch@msbarberboard.com

NOTE: IF YOU ARE A SCHOOL OWNER OR AN ACTIVE INSTRUCTOR TEACHING IN A LICENSED SCHOOL, YOU NEED NOT APPLY.

ALSO, YOU MUST BE AVAILABLE FOR A PERSONAL INTERVIEW ON SUNDAY, NOVEMBER 12, 2023 AT 12:00 NOON.

BACKGROUND CHECK APPLICATION

MISSISSIPPI STATE BOARD OF BARBER EXAMINERS
510 GEORGE STREET, ## 400, JACKSON, MS 39202
601-601-359-1015

POSITION APPLYING FOR: (CHECK AT LEAST ONE):

INSPECTOR (\$20 per investigation; mileage reimbursement outside 50 mile radius)

Read the application and accompanying instructions carefully. Answer ALL questions completely.

If additional space is needed for an answer, attach a separate sheet indicating the section and/or number to which the information applies. Date and sign any such attached sheets.

Send completed form to MS Board of Barber Examiners at the above address, and include: materials listed in Section B, Line 4 if you answered "yes" to any questions in Section B.

**DO NOT CALL THE BOARD OFFICE. YOU WILL BE NOTIFIED WHEN YOUR
BACKGROUND CHECK IS CLEARED, OR IF WE NEED ADDITIONAL
INFORMATION.**

SECTION A APPLICANT INFORMATION			
LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	DATE OF BIRTH (month/day/year) / /
PERSONAL MAILING ADDRESS			BIRTH PLACE (CITY/COUNTY/STATE)
CITY	STATE		ZIP
RESIDENCE STREET ADDRESS, CITY, STATE, ZIP (IF DIFFERENT THAN ABOVE)			
LIST ALL STATES LIVED IN FOR PAST 10 YEARS			
LIST ANY OTHER NAMES EVER USED INCLUDING NICKNAMES, ALIASES, MAIDEN, PRIOR MARRIED, ETC.			
SOCIAL SECURITY NO.	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DAYTIME PHONE	ALTERNATE PHONE

YOU ARE NOT DONE YET – PLEASE GO ON TO PAGE 2

PAGE 1 OF 3

SECTION B		BACKGROUND QUESTIONS	
1	Criminal Disclosure	YES	NO
	a) Have you ever been convicted* of any felony or misdemeanor criminal offense? **	<input type="checkbox"/>	<input type="checkbox"/>
	b) Are you currently under investigation, indictment, awaiting trial, verdict or sentencing in any criminal proceeding? **	<input type="checkbox"/>	<input type="checkbox"/>
	c) Do you have any criminal arrest or citation, which has yet to be adjudicated? **	<input type="checkbox"/>	<input type="checkbox"/>
	d) Are you a fugitive from justice?	<input type="checkbox"/>	<input type="checkbox"/>
	e) Are you presently on parole or probation or paying any restitution or fine?	<input type="checkbox"/>	<input type="checkbox"/>
	* 'Convicted' includes a guilty or 'no contest' plea, verdict of guilty by a judge or jury, or a forfeiture of bail. All convictions must be disclosed, even if they were later dismissed, a diversion program completed, or occurred when a minor. ** Include major traffic violations such as DUI, reckless driving, or driving while suspended or uninsured.		
2	Regulatory Disclosure (trade, occupation or profession)	YES	NO
	a) Have you every had a license or registration fined, reprimanded suspended, involuntarily terminated, revoked or otherwise subject to any type of disciplinary action whether or not you were ultimately sanctioned? *	<input type="checkbox"/>	<input type="checkbox"/>
	b) Have you ever surrendered or allowed to expire a license or registration, or were permitted to resign after allegations were made against you, in connection with or while under investigation, or while an action was pending? *	<input type="checkbox"/>	<input type="checkbox"/>
	c) Are you currently under investigation, involved in a hearing, trial, administrative proceeding or other action by the authority that issued the license or registration? *	<input type="checkbox"/>	<input type="checkbox"/>
	d) Have you ever received an adverse decision or judgment against you in a criminal, civil, or administrative action related to your business or professional activities? *	<input type="checkbox"/>	<input type="checkbox"/>
	e) have you ever acted, or attempted to act, in a regulated profession at a time when you were not licensed or legally authorized? *	<input type="checkbox"/>	<input type="checkbox"/>
	f) Have you ever had an application for a license or registration denied or issued with restrictions or limitations? *	<input type="checkbox"/>	<input type="checkbox"/>
	g) Have you ever been terminated from any employment for theft, fraud, or dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>
	* Include if you were a participant in a partnership, corporation, or other business entity that was the subject of such action?		
3	Civil & Financial Disclosure	YES	NO
	a) Have you ever received an adverse decision or judgment against you related to a real property matter? *	<input type="checkbox"/>	<input type="checkbox"/>
	b) Do you have any unsatisfied judgments or liens against you? *	<input type="checkbox"/>	<input type="checkbox"/>
	c) Are you currently in arrears for child support? *	<input type="checkbox"/>	<input type="checkbox"/>
	d) Have you filed bankruptcy (personal or professional) in the past ten years? *	<input type="checkbox"/>	<input type="checkbox"/>
	e) Are you currently awaiting trial or a Court verdict in any civil proceedings (not including divorce or child custody)? *	<input type="checkbox"/>	<input type="checkbox"/>
Include if you were a participant in a partnership, corporation, or other business entity that was the subject of such action.			
4	If you answered "yes" to any of the questions in this section, you must send the following with this application		
	a) A detailed, written statement of explanation. Include dates, location, involved agencies and/or courts, nature, circumstances and disposition. Date and sign your written statement.		
	b) A 5-year employment history. Include the name, address and telephone number of your employer(s), dates and a brief description of your job duties. Account for all your time employed, unemployed, retired, homemaker and/or student.		
	c) Current, original letters from at least three (3) persons (not relatives) attesting to your good character and reputation. Letters must be signed, dated, and include contact information. Form letters are unacceptable.		
	d) If the incident(s) occurred in the past ten years, copies of official documents that confirm the nature and current status or disposition. Documents not required for bankruptcy (still must submit a and b above).		
	You may attach additional information for consideration during the background check process.		

BACKGROUND CHECK APPLICATION, continued

SECTION C		LICENSE HISTORY			
Have you previously submitted any application information to, been tested by or licensed with the Mississippi Board of Barber Examiners?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
List all licenses or registrations you have ever held to engage in any regulated occupation, trade, or profession (including barbering). Include any pending or denied applications.					
STATE	TYPE	LICENSE NUMBER	DATE ISSUED	CURRENT YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

SECTION D		ACKNOWLEDGEMENT, CONSENT & SIGNATURE	
Read this section carefully before signing below.			
<p>I understand it is my responsibility to read the accompanying instructions thoroughly and to submit a complete application, including required documents and fees. If the information developed by MBBE requires the submission of additional information, it is my responsibility, upon request by MBBE, to provide the requested information. I further understand that failure to do so may cause my application to be considered incomplete which will result in termination of this application.</p> <p>I understand and acknowledge that submission of this signed application authorizes the MBBE to process information received from the Mississippi Highway Patrol and the Federal Bureau of Investigations relating to any arrest or criminal history information of record.</p> <p>I further understand MBBE has access to and may receive information from a nationwide data bank regarding licensing and disciplinary action information.</p> <p>I authorize all past and present employers, business associates, agencies and any other person to furnish to MBBE or its representatives, any information they have, including without limitation my credit worthiness, character, ability, business activities, general reputation, history of employment and, in the case of former employers, complete reasons for my termination.</p> <p>I further understand that if I have otherwise qualified, I will not be considered for employment until the personal interview has been completed.</p> <p>I certify that my answers on this application and accompanying documents are true, correct, and complete to the best of my knowledge. Any information found to be knowingly or negligently misrepresented, incomplete or inaccurate, will be grounds for application denial, suspension or revocation. Failure to disclose pertinent information will cause substantial delays in the process and may result in the employment consideration denial.</p>			
Original Signature of Applicant			Date
FOR MBBE OFFICE USE ONLY			
Conference Letter		Cleared	

MBBE BOARD INSPECTOR

Job Description

MISSISSIPPI BOARD OF BARBER EXAMINERS

Summary of Job Description: Board Inspectors work directly under the supervision and direction of the MBBE, and are directly accountable to the MBBE. Duties of Board Inspectors include, but are not limited to, the following responsibilities:

On-Site Inspections of Mississippi barber shops to ensure compliance with MBBE regulations.

The schedule and format of such inspections is set by the MBBE, and includes both scheduled and unscheduled inspections to establishments as the MBBE deems necessary.

Preparation of detailed written reports of all inspections, and submission of said reports to the MBBE within seven (7) working days of the completion of the investigation. Such reports must follow established MBBE format and must be prepared in a manner that will support any subsequent legal activities that could lead to prosecution.

Collaborative work with MBBE Board Investigators as deemed necessary by the MBBE.

Summary of Minimum Qualifications: Board Inspectors shall be of good moral and ethical character. A minimum of three (3) years experience in site inspections, site audits, or other comparable site evaluations experience is preferred. Applicants for the position of Board Inspector must submit a completed application form to MBBE, including references. All Board Inspectors must be approved by majority vote of the MBBE.

Evaluation of On-Site Inspectors: Reports and performance of On-Site Inspectors will be reviewed annually by the MBBE. Performance reviews may occur more frequently at the discretion of the MBBE.