

**APPLICATION FOR GENERAL EMPLOYMENT**



**Human Resources**  
P.O. Box 429, Biloxi, MS 39533  
Telephone (228) 435-6259  
Fax (228) 435-6409  
<http://biloxi.ms.us>

**Please Print**

Date of Application: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
MONTH / DAY / YEAR

Position applying for:

First Choice: \_\_\_\_\_  
TITLE DEPARTMENT  
Second Choice: \_\_\_\_\_  
TITLE DEPARTMENT

Name: \_\_\_\_\_  
LAST FIRST MI

Address: \_\_\_\_\_  
NUMBER STREET  
CITY STATE ZIP CODE

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**PERSONAL DATA**

Are you 18 years of age or older?  Yes  No

Do you have a valid Driver's License?  Yes  No

If yes, from which state? \_\_\_\_\_ Driver's License # \_\_\_\_\_

Do you have any relatives who are employees of the City of Biloxi?  Yes  No

If yes, please list below:

NAME RELATIONSHIP DEPARTMENT  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested, detained or charged with any crime, including traffic tickets but not parking tickets?  Yes  No If yes, complete the following, and add additional sheet if needed.

DATE CHARGE DISPOSITION DETAILS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

|  |   |                                |  |  |              |              |                    |
|--|---|--------------------------------|--|--|--------------|--------------|--------------------|
| <b>Circle highest grade completed</b><br>1 2 3 4 5 6<br>7 8 9 10 11 12<br>13 14 15 16 17 18+ | <b>High School:</b><br>(Name/Address) _____<br>_____<br>_____ |                                | <b>Graduated or Equivalent (GED):</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Year Diploma Awarded: _____ |  |              |              |                    |
|  | <b>Name/location of college or universities</b>               | <b>Dates attended from /to</b> | <b>Credit received</b><br>QTR.HR SEM.HR  |  | <b>Major</b> | <b>Minor</b> | <b>Degree/ GPA</b> |
|  |   |                                |  |  |              |              |                    |
|  |   |                                |  |  |              |              |                    |
|  |   |                                |  |  |              |              |                    |
|  |   |                                |  |  |              |              |                    |

List any school/college honors: \_\_\_\_\_

List any professional, trade, business, or civic activities and offices held. (You may exclude those that indicate race, religion, sex, or national origin): \_\_\_\_\_

**Special skills or training:** \_\_\_\_\_

## MILITARY SERVICE

Are you a veteran of the U.S. military service?  Yes  No \_\_\_\_\_  
STARTING DATE                      ENDING DATE

If yes, circle which branch: Army    Air Force    Navy    Marines    Coast Guard

Highest rank achieved: \_\_\_\_\_ Type of discharge and date: \_\_\_\_\_

Duties or training: \_\_\_\_\_

Are you now a member of the Reserves?  Yes  No    What branch? \_\_\_\_\_

Active     Inactive     Area of training: \_\_\_\_\_

## PREVIOUS RESIDENCES

List chronologically all your previous residences for the past five (5) years. If you need additional space, please attach another sheet.

| Dates |    | Street Address | City | County | State | Zip |
|-------|----|----------------|------|--------|-------|-----|
| From  | To |                |      |        |       |     |
|       |    |                |      |        |       |     |
|       |    |                |      |        |       |     |
|       |    |                |      |        |       |     |
|       |    |                |      |        |       |     |

## EMPLOYMENT HISTORY

List in order, beginning with your current or last employer, and describe duties performed. If you need additional space, please attach another sheet.

NAME OF CURRENT OR LAST EMPLOYER \_\_\_\_\_

TELEPHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

SALARY \_\_\_\_\_

NUMBER OF EMPLOYEES YOU SUPERVISED \_\_\_\_\_

NAME AND TITLE OF IMMEDIATE SUPERVISOR \_\_\_\_\_

Full Time  Part Time

Reason for leaving: \_\_\_\_\_

Statement of duties: \_\_\_\_\_

NAME OF CURRENT OR LAST EMPLOYER \_\_\_\_\_

TELEPHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

SALARY \_\_\_\_\_

NUMBER OF EMPLOYEES YOU SUPERVISED \_\_\_\_\_

NAME AND TITLE OF IMMEDIATE SUPERVISOR \_\_\_\_\_

Full Time  Part Time

Reason for leaving: \_\_\_\_\_

Statement of duties: \_\_\_\_\_

NAME OF CURRENT OR LAST EMPLOYER \_\_\_\_\_

TELEPHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

SALARY \_\_\_\_\_

NUMBER OF EMPLOYEES YOU SUPERVISED \_\_\_\_\_

NAME AND TITLE OF IMMEDIATE SUPERVISOR \_\_\_\_\_

Full Time  Part Time

Reason for leaving: \_\_\_\_\_

Statement of duties: \_\_\_\_\_

NAME OF CURRENT OR LAST EMPLOYER \_\_\_\_\_

TELEPHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

SALARY \_\_\_\_\_

NUMBER OF EMPLOYEES YOU SUPERVISED \_\_\_\_\_

NAME AND TITLE OF IMMEDIATE SUPERVISOR \_\_\_\_\_

Full Time  Part Time

Reason for leaving: \_\_\_\_\_

Statement of duties: \_\_\_\_\_

## PERSONAL REFERENCES

Please exclude any former employers or relatives.

|                |              |
|----------------|--------------|
| NAME           | TELEPHONE    |
| STREET ADDRESS | OCCUPATION   |
| CITY STATE ZIP | RELATIONSHIP |
| NAME           | TELEPHONE    |
| STREET ADDRESS | OCCUPATION   |
| CITY STATE ZIP | RELATIONSHIP |
| NAME           | TELEPHONE    |
| STREET ADDRESS | OCCUPATION   |
| CITY STATE ZIP | RELATIONSHIP |

## CERTIFICATION

The City of Biloxi is an Equal Opportunity Employer and does not discriminate on the basis of sex, race, creed, religion, or handicap.

I certify that all information provided on this application is true, complete, and correct to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or in the event of employment, grounds for discharge. I also understand that this application will be kept on file for a period of one (1) year from the date it is received and it is my responsibility to notify Human Resources if any information changes during that time.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the City of Biloxi. The position for which I may be selected shall be evaluated for approximately one (1) year during which period, the position may be abolished or my employment may be terminated at the sole discretion of the Mayor. Notwithstanding the preceding sentence, the term of employment of all employees shall be in accord with all applicable laws, rules, and regulations.

For and in consideration of the acceptance and processing of my application for employment, I agree to hold the City of Biloxi, its agents, officers and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Biloxi. I understand that should information of a serious criminal nature surface as a result of a background investigation, such information may be turned over to the proper authorities.

I understand that if the City of Biloxi makes a conditional offer of employment, I will be required to undergo a pre-employment physical examination, which includes drug/alcohol screening. I also understand and agree that, if employed I may be requested to submit to a drug/alcohol screening on a routine or neutral selection basis at any time following thirty (30) days after the City of Biloxi receives the results of such pre-employment drug/alcohol tests. I understand that after my employment commences with the City of Biloxi I may be required to submit to drug/alcohol screening if there is a reasonable suspicion that I have utilized alcohol or controlled substances in a manner prohibited by the City of Biloxi's Employee Drug and Alcohol Testing Policy. I hereby consent to having the results of all drug and/or alcohol screening/testing disclosed to the City of Biloxi. I also understand that any refusal to consent to such screening/testing is justification for refusal of employment, or in the event of employment, grounds for discharge.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**AUTHORIZATION FOR RELEASE OF INFORMATION**



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To Whom It May Concern:

Having made application with the City of Biloxi for employment, and desiring them to be informed of my past record, whether it be financial, academic, military, employment, judicial, criminal, driving record or personal reference, I the undersigned, hereby authorize the release of all such information, privileged or otherwise, to the City of Biloxi and its representatives.

I hereby release all contributing parties of such information from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive these rights with the understanding that information furnished will be used by the City of Biloxi in conjunction with employment procedures.

A photocopy or fax copy of this release form will be valid as an original thereof, even though said photocopy or fax copy does not contain an original writing of my signature.

**Print Name:** \_\_\_\_\_  
LAST FIRST MI

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

**Current Address:** \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

**Date of Birth:** \_\_\_\_\_  
MONTH / DAY / YEAR

**Social Security #:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_  
(AREA CODE) NUMBER

**Work Telephone:** \_\_\_\_\_  
(AREA CODE) NUMBER

## OVERVIEW OF SALARY AND BENEFITS OFFERED

### \*Annual or Vacation Leave

Annual Leave is earned and accumulated upon completion of one month of continuous service. Each full time permanent and appointed employee of the City of Biloxi shall earn annual leave as follows:

|                                 |                  |
|---------------------------------|------------------|
| 1 month to 3 years . . . . .    | 18 days per year |
| 37 months to 8 years . . . . .  | 21 days per year |
| 97 months to 15 years . . . . . | 24 days per year |
| Over 15 years . . . . .         | 27 days per year |

### \*Sick Leave

All full time employees accumulate 6.5 hours of sick leave per month beginning upon completion of two months of service.

\* **Medical** and dental insurance available to full time employee at no cost; Vision insurance available to full time employee at a monthly cost; and medical, dental, and vision insurance is available on eligible dependents at a monthly cost.

When a full time employee has satisfied three months of service, coverage will begin on the first day of the employee's fourth month.

### \*Life/AD&D Insurance

One (1) times employee's base salary (minimum \$25,000) life insurance which includes Accidental Death and Dismemberment for full time employee; \$5,000.00 for spouse, and \$5,000.00 for children over six (6) months old of full time employee

### \*Up to twelve (12) paid holidays per year if scheduled to work:

|                      |                           |
|----------------------|---------------------------|
| New Year's Day       | Labor Day                 |
| Great American's Day | Veterans Day              |
| Mardi Gras Day       | Thanksgiving Day          |
| Good Friday          | Friday after Thanksgiving |
| Memorial Day         | Christmas Eve             |
| Fourth of July       | Christmas Day             |

\***Retirement** (Public Employee's Retirement System of MS)

\***Civil Service** (Full time employee)

\***Educational Incentive Pay** (Full time employee)

Full time employees with at least one year of full time service with the City may be entitled to education benefit pay, upon application on their one year anniversary date:

1. Associate Degree or the equivalent of at least 64 semester hours of credits. . \$ 50.00/mo.
2. Bachelor's Degree . . . . . \$100.00/mo.
3. Master's Degree . . . . . \$150.00/mo.
4. Doctorate or Juris Doctorate Degree..... \$200.00/mo.

\***Tuition Assistance** (Full time employee)

\*\*The benefits offered do not constitute an employment agreement between the employer and the employee and is subject to change by the employer.