Name Position Date	
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APPLICATION FOR EMPLOYMENT- DISPATCHER PART 1



Human Resources PO Box 429; Biloxi, MS 39533 Telephone: (228) 435-6259 Fax: (228) 435-6409

Email: <u>biloxihr@biloxi.ms.us</u> http://biloxi.ms.us

IMPORTANT NOTICE: Application must be typewritten or clearly printed. All questions MUST be answered. If a question is not applicable, please state. **APPLICATIONS THAT ARE NOT COMPLETE AND LEGIBLE WILL NOT BE ACCPETED.** If the space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. It is the responsibility of the applicant to notify the Human Resources office of any address and/or phone number change.

All applicants must attach items 1 through 4 (if applicable)

1.	A recent picture of yourself (attach to page 6)
2.	A photocopy of your birth certificate
3.	If a naturalized citizen, provide proof for verification to Human Resources of
	Naturalization papers.
4.	A photocopy of your driver's license

IMPORTANT NOTICE: A complete background investigation will be conducted and will include a Polygraph/Computerized Voice Stress Analysis (CVSA) and a psychological profile. All offers of employment will be conditioned on a medical examination and inquiry, including a drug/alcohol screening test.

The City of Biloxi is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, sexual orientation, gender identity, national origin, or veteran or disability status.

Personal Information

Full Name:					
First	Midd	lle	Last		
Give any names you have used or have be circumstances these names were used:	oeen known by,	including maiden nam	e, and attach under what		
Social Security #:	Driver's Lice	ense # and State			
Address: Number	Stree	et			
City	State)	Zip		
Phone Number: Primary ()		Business: () _			
Other: ()	Email:				
Weight:lbs	Height	feet	inches		
Date of Birth: Date/					
Place of Birth:					
City	State)	County		
Marital Status:					
Are you a resident of Mississippi?	Yes No	For how long?			
Are you a citizen of the United States?	Yes No	For how long?			
If you have been naturalized: Date	//_	Certificate #:			
Are you a registered voter?	Yes No	County and State			

Education

	ma/GED	-	Ye No		Date	/	/			
Name of high	Location (mailing address)			Dates			Special		Date	
school				From T		To cours			diploma received	
								•		
Name/mailing										-
address of college or univ. attended		Credits received Fie				Dates Ty ended		pe of degree and date obtained		
	QTR.	SEM.	Maj./F	Irs	Minor/	Hrs	From	То		
Undergraduate										
Graduate										
Miscellaneous										
Vere you ever disn aken against you d					ny discip	linary	/ action	s (includin	g scholas	stic probation) e
Yes										
Scho	ool				Date				Type of .	Action

Current Employment Information Current Employer: _____ Address of Current Employer: City Number State Zip Salary:_____ Date Employment Began: ___/___ Date Separated: ___/___/ □ Full Time Job Duties: □ Part Time Have you ever been dismissed, asked to resign, or resigned pending disciplinary action from any employment or position you have held? ____Yes Employer Date Reason No List below every Civil Service competitive examination you have taken (if none, please state): Date of Exam Position Pass/Fail Status Agency Are you currently on any police hiring eligibility list? _____Yes ____ No

PLEASE READ CAREFULLY

The City of Biloxi is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, sexual orientation, gender identity, national origin, veteran or disability status.

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.

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures set forth by the City of Biloxi and its departments. 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 for all employees shall be in accord with all applicable laws, rules and regulations.

I understand that as a condition of employment, I will be required to undergo a 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 Drug and Alcohol Free Workplace 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.

Printed N	'ame			
Signature				
Date:	/	/		

Applicant's Affidavit

ALL APPLICANTS
Attach an unmounted
Full-face photograph of
yourself (approx. 2.5" x 2.5")

APPLICATION WILL NOT BE ACCEPTED WITH OUT A PHOTOGRAPH

ALL RECORDS SUBMITTED BECOME THE PROPERTY OF THE CITY OF BILOXI

I understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the City of Biloxi and I agree to these conditions.

Signature of Applicant

STATE OF	
COUNTY OF	
Personally came and appeared before me, the undersigned authority in and for said county a state, the within named who, being by me first duly sworn, stat upon his/her oath that the matters and things set forth in the above and foregoing application employment are true and correct as therein stated.	tes
SIGNATURE OF APPLICANT	
Sworn to and subscribed before me this day of, 20	
NOTARY PUBLIC My Commission Expires:	

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:

*Sick Leave

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

*Medical, dental and vision insurance available to full time employee and their eligible dependents at a low monthly cost.

When a full time employee has satisfied 60 days of service, coverage will begin on the first day of the following month.

*Life/AD&D Insurance

One (1) times employee's base salary (minimum \$25,000) 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
Dr. Martin Luther King Jr. Day
Wardi Gras Day

Labor Day
Veterans Day
Thanksgiving Day

Good Friday Friday after Thanksgiving

Memorial Day Christmas Eve Fourth of July Christmas Day

*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.

- 4. Doctorate or Juris Doctorate Degree......\$200.00/mo.

*Tuition Assistance (Full time employee)

^{*}Retirement (Public Employee's Retirement System of MS)

^{*}Civil Service (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.