

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

## APPLICATION FOR EMPLOYMENT – FIRE DEPARTMENT



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

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**IMPORTANT NOTICE:** Application must be typewritten or clearly printed. All questions must be answered. If a question is not applicable, so state. **APPLICATIONS THAT ARE NOT COMPLETE AND LEGIBLE WILL NOT BE ACCEPTED.** If 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.

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*All applicants must attach items 1 through 8.*

- 1. A recent picture of yourself (page 17).
  - 2. A photocopy of your Birth Certificate.
  - 3. A photocopy of your High School Diploma, G.E.D. Certificate or transcripts.
  - 4. A photocopy of your voter registration card.
  - 5. Blue APPLICANT fingerprint card completed at Public Safety Center, 170 Porter Ave.  
**Tues. & Thurs. 9:30 a.m. - 11:30 a.m. Two blocks north of the Biloxi Lighthouse.**
  - 6. Prior Military Service-must attach copy of DD-214 long form (Sections 23-30).
  - 7. If naturalized citizen, provide proof for verification to Human Resources of Naturalization papers.
  - 8. **A photocopy of your driver's license.**
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**Important Notice:** A complete background investigation will be conducted that will include a polygraph/computerized voice stress analysis and a psychological profile. All offers of employment will be conditioned on a medical examination and inquiry, including a psychological profile and 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, veteran or disability status.**

# PERSONAL INFORMATION

(PLEASE PRINT)

DATE: \_\_\_\_\_  
Month/ Day/ Year

POSITION APPLIED FOR: \_\_\_\_\_

City of Biloxi  
Human Resources  
P.O. Box 429  
135 Main St. Suite 301  
Biloxi, MS 39533  
(228) 435-6259  
<http://biloxi.ms.us>

Full Name: \_\_\_\_\_  
First Middle Last

Give any names you have used or been known by, including maiden name of female applicants, and attach under what circumstances these names were used. \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip

Phone Number: Primary (\_\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_\_) \_\_\_\_\_  
Area Number Area Number

Other: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Area Number

Weight \_\_\_\_\_ lbs. Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches

Date/Place of Birth: \_\_\_\_\_  
Date 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

If yes, give county and state: \_\_\_\_\_

# EDUCATION

Circle highest school year completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

High School Diploma/GED  Yes  No Date: \_\_\_\_\_

Name of high school	Location (mailing address)	Dates		Special course(s) pursued	Date diploma received
		From	To		

Name/mailing address of college or univ. attended	Credits received		Field of study		Dates attended		Type of degree and date obtained
	QTR.	SEM.	Maj./Hrs	Minor/Hrs	From	To	
Undergraduate :							
Graduate:							
Miscellaneous:							

Were you ever dismissed from a school, or were any disciplinary actions, including scholastic probation, ever taken against you during your scholastic career?  Yes  No

If yes, \_\_\_\_\_  
School
Date
Type of action

## SKILLS AND EXPERIENCE

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 RECORD

Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

Start date: \_\_\_\_\_ Separation date: \_\_\_\_\_

Branch: \_\_\_\_\_ Highest rank achieved: \_\_\_\_\_

Duties/Training: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ Date of discharge: \_\_\_\_\_

Are you now a member of the Reserves?  Yes  No

What branch? \_\_\_\_\_  Active  Inactive

Area of training \_\_\_\_\_

If you were ever disciplined while in military service, please explain circumstances in detail. List dates, nature of offense(s), type of court-martial or company punishment, whichever is applicable, and disposition of charges. Show any and all fines, restrictions and confinement in detail. (This includes Article 15.)

Offense	Type of punishment	Disposition of charge	Fine, restrictions and confinement

# EMPLOYMENT HISTORY

List **all** employment, including summer and part-time: (beginning with current employer)

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**Employer** \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Phone No. \_\_\_\_\_ Email \_\_\_\_\_ Salary \_\_\_\_\_ Date Employed (mo./yr.) \_\_\_\_\_

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Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Reason For Leaving \_\_\_\_\_ Date Separated (mo./yr.) \_\_\_\_\_

Full Time  Duties: \_\_\_\_\_  
Part Time  \_\_\_\_\_  
\_\_\_\_\_

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**Employer** \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Phone No. \_\_\_\_\_ Email \_\_\_\_\_ Salary \_\_\_\_\_ Date Employed (mo./yr.) \_\_\_\_\_

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Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Reason For Leaving \_\_\_\_\_ Date Separated (mo./yr.) \_\_\_\_\_

Full Time  Duties: \_\_\_\_\_  
Part Time  \_\_\_\_\_  
\_\_\_\_\_

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**Employer** \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Phone No. \_\_\_\_\_ Email \_\_\_\_\_ Salary \_\_\_\_\_ Date Employed (mo./yr.) \_\_\_\_\_

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Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Reason For Leaving \_\_\_\_\_ Date Separated (mo./yr.) \_\_\_\_\_

Full Time  Duties: \_\_\_\_\_  
Part Time  \_\_\_\_\_  
\_\_\_\_\_

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## RESIDENCES

1. Present Address: \_\_\_\_\_  
Number and Street City State Zip

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Mailing address: \_\_\_\_\_  
Number and Street City State Zip

1. List chronologically **all** of your residences for the past **10** years (include addresses while attending school if away from home).

Dates		Apt #	Street address	City	State	Zip
From	To					

## REFERENCES

Give four (4) references (not relatives or social acquaintances) who are responsible adults of reputable standing in their communities, such as property/home owners, business or professional men or women, etc., who have known you well during the past five (5) years.

(a) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

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

(b) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

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

**REFERENCES CONTINUED**

(c) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

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

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(d) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

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

**SOCIAL ACQUAINTANCES**

Give four (4) social acquaintances/peers (must be *different* than those listed as references).

(a) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

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

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(b) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

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

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(c) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

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

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(d) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

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

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**COURT RECORD**

1. Have you ever been convicted with **any** violation including traffic tickets but not parking tickets?  Yes  No

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_ Details: \_\_\_\_\_

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Date: \_\_\_\_\_ Place: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_ Details: \_\_\_\_\_

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Date: \_\_\_\_\_ Place: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_ Details: \_\_\_\_\_

2. Has any member of your immediate family or close relative (including in-laws) ever been arrested for anything other than traffic violations?  Yes  No

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

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Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

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Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

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3. Have you ever been a party to any civil, quasi-criminal, or chancery action in County, Circuit, or Chancery Court?  Yes  No

Date: \_\_\_\_\_ Court: \_\_\_\_\_ Parties involved: \_\_\_\_\_

Nature of action: \_\_\_\_\_ Final disposition: \_\_\_\_\_

**COURT RECORD CONTINUED**

Date: \_\_\_\_\_ Court: \_\_\_\_\_ Parties involved: \_\_\_\_\_

Nature of action: \_\_\_\_\_ Final disposition: \_\_\_\_\_

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Date: \_\_\_\_\_ Court: \_\_\_\_\_ Parties involved: \_\_\_\_\_

Nature of action: \_\_\_\_\_ Final disposition: \_\_\_\_\_

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4. Have you ever used any of the following except as legally prescribed by a licensed physician?

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cocaine  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Depressants  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hallucinogens (Example: LSD, PCP, Bath Salts, Spice, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Marijuana  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Narcotics (example: heroin, dilaudid)                      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prescription drugs without a prescription                  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Steroids   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any drug(s) intravenously                                  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any other _____  |

If yes, explain nature of use and date of use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever been involved in any illegal purchase, possession with intent to distribute, or sale of any of the above in Question #4?  Yes  No

If yes, please explain: \_\_\_\_\_

6. Has your use of alcoholic beverages (such as liquor, beer, and wine) ever resulted in the loss of a job or arrest by police?  Yes  No

If yes, please explain: \_\_\_\_\_

7. Are you now, or have you ever been a member of the Communist Party, U.S.A., or any communist or fascist organization?  Yes  No

8. Can you operate a motor vehicle?  Yes  No

9. Do you possess a valid **operator's license from the state of Mississippi**?  Yes  No

License#: \_\_\_\_\_ Year Issued: \_\_\_\_\_

COURT RECORD CONTINUED

10. Did you ever possess an operator's license issued by any state other than Mississippi?

Yes  No State & license #: \_\_\_\_\_

11. Was your license ever suspended or revoked?  Yes  No If yes, give the state and reason: \_\_\_\_\_

12. Was your license restored?  Yes  No When? \_\_\_\_\_

13. Have you ever been refused an operator's license by any state?  Yes  No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

14. Have you ever been involved in a motor vehicle accident?  Yes  No

If yes, give complete details for each accident: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_

Injury or Non-Injury: \_\_\_\_\_

Who was legally at fault? \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_

Injury or Non-Injury: \_\_\_\_\_

Who was legally at fault? \_\_\_\_\_  
\_\_\_\_\_

**CREDIT REPORT**

You must answer each question **completely**. This includes full name, full address (street number, street name, city, state, zip code), etc.

Name and address of your bank(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CREDIT REPORT CONTINUED**

2. Automobile: Make: \_\_\_\_\_ Year: \_\_\_\_\_

Fully paid?  Yes  No If no, balance due: \_\_\_\_\_

Lien holder: \_\_\_\_\_  
Name Street Address City State Zip

3. Name and address of landlord or mortgage holder:

\_\_\_\_\_  
Name Street Address City State Zip

Monthly rent/mortgage payment: \$ \_\_\_\_\_ Mortgage account #: \_\_\_\_\_

4. List firms with which you have, or have had, charge accounts. (finance co., credit cards, etc.)

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Amount \$: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

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Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Amount \$: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

---

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Amount \$: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

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Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Amount \$: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

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5. Have you ever declared bankruptcy?  Yes  No

If yes, explain: \_\_\_\_\_

**RELATIVES**

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former spouse. Even though a relative is **deceased**, give all information requested, and indicate last residence and year of death. Include stepbrothers and sisters, half-brothers and sisters, and if you or your spouse has stepparents, legal guardians or others who have reared you instead of your parents, the requested information should be furnished concerning them as well as your real parents. If you are engaged to be married or **contemplating** marriage in the near future, complete information must be included regarding your **future** husband or wife and **future in-laws**, and show clearly that relationship is contemplated.

Complete name (no initials) and address

Occupation

A. **FATHER**

Name

Name of Employer

Address

Employer's Address

Age Place of Birth

B. **MOTHER**

Name

Name of Employer

Address

Employer's Address

Age Place of Birth

C. **SPOUSE**

Name

Name of Employer

Address

Employer's Address

Age Place of Birth

D. **CHILDREN**

a) Name

Name of Employer

Address

Employer's Address

Age Place of Birth

b) Name

Name of Employer

Address

Employer's Address

Age Place of Birth

E. **BROTHERS**

a) Name

Name of Employer

Address

Employer's Address

Age Place of Birth

b) Name

Name of Employer

Address

Employer's Address

Age Place of Birth

RELATIVES CONTINUED

F. **SISTERS**

a) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

b) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
**Employer's Address**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
**Employer's Address**

G. **SPOUSES OF BROTHERS AND SISTERS**

a) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

b) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
**Employer's Address**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
**Employer's Address**

H. **FATHER-IN-LAW**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
**Employer's Address**

I. **MOTHER-IN-LAW**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
**Employer's Address**

J. **BROTHERS AND SISTERS OF YOUR SPOUSE**

a) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

b) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

c) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

d) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

**CERTIFICATION**

**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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Signature in Full

**POLYGRAPH/VOICE STRESS ANALYSIS EXAMINATION**

The undersigned applicant understands and agrees to voluntarily submit to an examination by a professional polygraphist or a police investigator trained in voice stress analysis prior to being accepted for employment with the City of Biloxi.

The undersigned person also understands and agrees that he or she will voluntarily submit to examination by polygraph and/or voice stress analysis at any time during their employment with the City of Biloxi.

The undersigned person also understands and agrees that the results of any such examination given will ONLY be considered for administrative or Police Department purposes relating to their employment with the City of Biloxi.

The undersigned person further agrees and understands to release, absolve and forever hold harmless the City of Biloxi, its officers, agents and employees and the professionals conducting the examinations, from liability resulting from the operation of the equipment or use of the result obtained therefrom. This also applies to any and all suits, actions, or causes of actions at law, claim, demand, or liability which the undersigned, his or her successors, assigns, heirs, executors, or administrators have now or may ever have resulting directly, indirectly, or remotely from the undersigned person having taken said polygraph examination.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME



**ALL APPLICANTS**  
Attach an unmounted  
full-face photograph of  
yourself, approx.  
2-1/2 x 2-1/2 inches.  
**APPLICATION WILL NOT BE  
ACCEPTED WITHOUT  
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

**APPLICANT'S AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Personally came and appeared before me, the undersigned authority in and for said  
county and state, the within named \_\_\_\_\_ who, being by me first  
duly sworn, states upon his/her oath that the matters and things set forth in the above  
and foregoing application for employment are true and correct as therein stated.

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

## CITY OF BILOXI AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

Read the following release form carefully and enter your signature, current address, telephone number, date of birth, social security number, and the date in the designated space. ***This form must be notarized.***

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Biloxi Fire Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my **qualifications to hold the position for which I applied. It is in the public's interest that all** relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Biloxi Fire Department bearing this release to obtain any information in your file pertaining to my employment records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof concerning myself, by and to any duly authorized agent of the Biloxi Fire Department, whether such records are of public, private, investigative, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life. This authorization is for the specific purpose of pursuing a background investigation that may provide pertinent data for the Biloxi Fire Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me: work record, background and reputation, military service records, educational records, financial status, criminal history record including any arrest records, any information contained in investigation files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph or CVSA examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others 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 hereby release you, as the custodian of such records of the organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Biloxi Fire Department regardless of any agreement I may have made with you previously to the contrary. The Public Safety organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

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

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 Biloxi Fire Department 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.

This waiver is valid for a period of two years from the date of my signature.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees from and against all claims, damages, losses, and **expenses, including reasonable attorney's fee, arising out of or by reason of complying with this request.**

Print Name: \_\_\_\_\_

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

Current Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named \_\_\_\_\_ who acknowledged to me that he/she signed and delivered the above foregoing waiver on the date therein mentioned and for the purpose therein expressed. Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

## OVERVIEW OF SALARY AND BENEFITS OFFERED

### FIREFIGHTER:

**Salary \$36,193.00** MUST BE 18 YEARS OF AGE.

Performs general fire and related duties in the protection of life and property through the prevention and suppression of fire and related work as required.

### **\*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 (based on 8 hour days)
37 months to 8 years . . . . .	21 days per year (based on 8 hour days)
97 months to 15 years . . . . .	24 days per year (based on 8 hour days)
Over 15 years . . . . .	27 days per year (based on 8 hours days)

### **\*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:**

<b>New Year's Day</b>	Labor Day
Dr. Martin Luther King Jr. 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. Bachelors Degree . . . . . \$100.00/mo.
3. Masters 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.

# BILOXI FIRE DEPARTMENT PHYSICAL AGILITY TEST

The candidate shall be required to successfully complete all four (4) of the below listed items:

**Event I: “1.5 Mile Run”** Candidate will run a measured one and a half (1½) mile course. The 1.5 mile run is administered on a track or relatively flat measured course. The one and a half (1½) mile run may only be attempted once by each candidate.  
**THE CANDIDATE SHALL COMPLETE THIS EVENT IN 14 MINUTES OR LESS (14:00).**

**THE REMAINDER OF THE PHYSICAL AGILITY TEST IS COMPRISED OF THREE (3) CONTINUOUS EVENTS THAT MUST BE FINISHED WITHIN A TIME OF NINETY (90) SECONDS OR LESS WHILE WEARING A FIFTY POUND (50LB) WEIGHTED VEST.**

**Event II: “Equipment Carry”** Candidate must pick up a pair of 35lb dumbbells or kettlebells, one in each hand, and carry them to a set point for a total of 75ft.

**Event III: “Hose Drag”** Candidate must drop to one knee and pull a 1.75” hose a total of 75ft using the hand over hand method.

**Event IV: “Dummy Drag”** Candidate must grasp a 165lb mannequin by the harness handles, located at the shoulders and drag it for a total of 75ft.

I, \_\_\_\_\_ do hereby certify that I have received a copy of the physical agility requirements for the Physical Agility Test for the Biloxi Fire Department. Furthermore, my signature on this form certifies that I fully understand that failure to complete any one (1) of the listed items disqualifies me from the competition and further consideration for a position as a firefighter at this time.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

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The candidate shall be required to successfully complete all four (4) of the below listed items:

**Event I: “1.5 Mile Run”** Candidate will run a measured one and a half (1½) mile course. The 1.5 mile run is administered on a track or relatively flat measured course. The one and a half (1½) mile run may only be attempted once by each candidate.  
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SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**APPLICANT COPY**

# APPLICANT COPY

**WARNING:** Before starting any new exercise program please check with your doctor and clear any exercise regimen with them before beginning. Individual results are not guaranteed and may vary.

## MISSISSIPPI TRAINEE AGILITY TEST

### Preparation Training Guide

#### Fire Fighter Study

*A number of firefighters were studied, and Davis and Sharkey found that “the lowest possible aerobic fitness core was 33.5 ml kg min, a level attainable by the average male in the 60 to 69 age group and the average female in the 40 to 49 age group.” (Hard Work (2008) Davis and Sharkey, p 56). “The VO 2 Max is a meaningful criterion for critical firefighting tasks, wildland or structural. Cutoff scores should reflect a level consistent with performance, not the minimum score demonstrated by unfit, overweight employees. Recruits with a VO 2 Max of 33.5 would struggle to perform demanding tasks and fail as age diminishes their already compromised capacity.” (Davis and Sharkey, p56). In order to test a Firefighter’s physical ability to perform in full PPE a test was created that mimics the essential job functions of a Firefighter on the fire-ground. This is a criterion task test. In other words, it has stations that must be completed in succession, all while wearing a 50lb vest that simulates the weight of structural firefighting gear.*

#### Events

**1.5-mile run:** Test run times are used to correlate a trainee’s time to a VO2 Max figure. The VO2 Max is a good measurement of cardiovascular endurance. This data has been used in studies to correlate the cardio fitness levels of a firefighter to the performance of their duties. The 14 minute time limit is used during the 1.5 mile run and correlates the VO2 max of the candidate receiving an average score of approximately 38.

- A 1.5mile run must be completed in **14:00 minutes or less.**
- Tips for Training
  - Build endurance with long runs.
    - Even though your goal is to run a short distance quickly, it helps you to run longer distances more slowly. If you can run 3 to 5 miles easily, you'll be able to kick up your speed on a 1.5-mile run.
    - Start with one longer run per week of 3 miles at a conversational pace, meaning you could hold a conversation while running without gasping for air. Add on a half mile every other week until you can run 4 or 5 miles easily. Then, work on slowly increasing your pace until you're able to run the entire distance at a moderate intensity.
  - Train with Speed-work
    - Choose a mostly flat running surface or run at a neutral incline on the treadmill to start. Warm up for 5 to 10 minutes at an easy jogging pace. Then, up your speed

to a fast run or sprint for 2 minutes, or as long as you can sustain the pace. Recover at an easy jogging pace for as long as you sprinted. Repeat for a total of 6 rounds, then cool down for five to 10 minutes.

- Choose a distance of 100, 200, or 400 meters and run that distance at 70%-75% max speed with 1-2 minute rest period between runs for 6-10 rounds. Over time (4-6 weeks), decrease the rest period between rounds.
- Do easy Runs
  - Long runs and speed work put a lot of stress on the body. Running too much, too fast can break the body down and actually slow you down. Alternate long runs and speed work with shorter, easier runs for active recovery.
  - Every workout, warm up at an easy pace for 5 minutes, then stop and do some dynamic stretches, such as leg swings and butt kicks, to prime your muscles for action.
  - After every run, do longer held stretches for your calves, hamstrings, quadriceps and glutes.
- Work on Core Strength
  - Having a strong core not only can help you get faster, but also protect you from injuries. Several days a week, do core exercises such as planks, bridges and curl-ups.
- Take Rest Days
  - More is not better when you're training for speed. Take two days off from running each week. On one day, either rest or cross-train with rowing, cycling, yoga or swimming. On the other day, do nothing at all.

### **Job Performance Circuit**

**Comprised of three continuous events to be finished within a time of 90 seconds or less while wearing a 50lb weighted vest.**

**Equipment Carry-** Trainee must pick up a pair of 35lb dumbbells or kettlebells, one in each hand, and carry them to a set point for a total of 75ft.

- Tips for Training
  - Farmer's Walk Variations
    - Zercher Carry- To perform a Zercher carry, take a barbell out of a rack by positioning it in the crook of your arms. Brace your core before you lift and keep your torso upright throughout the move. Walk either for a set distance or for time – 40 seconds will provide a good challenge.
    - Kettlebell Carries- While this may not call upon as much core strength, it acts as an excellent precursor for progression. Kettlebells are also great for grip strength.
    - One-Arm Carry- A tricky test of core strength, the one-arm farmer's walk is the natural progression from the standard two-arm version. One-arm lifts are also a great way to iron out any muscular imbalances.



- Inverted Kettlebell Carry- Holding a single kettlebell in one arm upside down by its handle, brace your core and keep a neutral spine. This move activates the rotator cuff muscles like no other carry, and the rotator cuffs are crucial for shoulder mobility and range of motion.
  - Grip Strength Work
    - **Dumbbell head grab**- Put a dumbbell on its end and pick it up by the head. Could anything replicate a pickle jar more? Be careful with this exercise if the dumbbell is too big, as the thumb can easily be strained if it's stretched too far. Hold for time (~30 seconds) or go for heavier weight.
    - **Farmer's walks**- Grab a pair of heavy dumbbells (heavy for you) and walk around! Don't have space to walk? Just stand there! 30 seconds minimum!
    - **Plate curls**- A wrist strengthener that works the biceps too! Anything past 25 lbs becomes insanely hard. ~10 repetitions. Watch the face!!
    - **Plate pinches**- If you've got a pair of smooth metal plates, you can sandwich them together with the smooth side out. You can also use thick bumper plates. Pick them up with one or two hands and hold for time (~30 seconds) or go for heavier weight.

**Hose Drag**- Trainee must drop to one knee and pull a 1.75" hose a total of 75ft using the hand over hand method.

- Tips for Training
  - **Weighted Sled Pulls/Weighted Plate Pulls/Rope Pulls**- Attach a 1 ½ to 2- inch rope to the sled.
    - Place the appropriate weight onto the sled (25-35lbs). Hold the other end of the stretched rope as far from the sled as possible. Face the sled, straddle the rope and grip it tightly. Start from an athletic stance with the hips and knees bent, head and shoulders up, back flat and legs shoulder-width apart or wider to ensure a stable base. Set the abs and pull the sled toward your belly button with a hand-over-hand action until the sled is up close to you and you're out of rope. Start with five sets of 75-foot pulls if you have the room. Reduce the length of the pull by 10-feet for each 10% increase in weight.
    - This can also be simulated by simply connecting 2-3 sections of 1.75" or 2" uncharged hose lines together, completely stretching the hose in a straight line, then kneeling to one knee, and pulling the hose hand over hand until all the hose is in a bundle. It would benefit the candidate to redo this exercise multiple times (6-10) and increase your speed over 3-4 weeks.

**Dummy Drag**- Trainee must grasp a 165lb mannequin by the harness handles, located at the shoulders and drag it for a total of 75ft.

- Tips for Training
  - If your department has access to a weighted Rescue Manikin, multiple dummy drags of 25', 50', 75' and 100' will aid in building a strong foundation for this skill. **Be sure to**

**bend at the knees while keeping your back as straight (flat back) as possible and lift with your legs and not your back. Start with a weight that your body can handle and build up over time.**

- Front Rack and or Traditional Back Squats- Find a comfortable weight that you can easily squat for 12-15 reps.; be sure to record your weight and reps. This will be your baseline or foundational weight to build from. Build up, over time, to a weight that matches or exceeds the weight of the rescue manikin for 3 sets of 8-10 reps.
  - Example: Back Squats or Front Squat regiment:
    - Week 1: 3-5 sets 95lbs @ 12-15 reps
    - Week 2: 3-5 sets 115lbs @ 12-15 reps
    - Week 3: 3-5 sets 135lbs @ 10-12 reps
- **Object Carry**- Carry any heavy object (human dummy, partner, sandbag, fire hose, heavy ropes, etc.)
- **Lateral Drags**- Drag any heavy object sideways (human dummy, partner, sandbag, fire hose, heavy ropes, etc.)
- Barbell Squats
- Straight Leg Deadlifts
- Deadlifts
- Walking Lunges