

Name: _____ Position: _____ Date: _____

APPLICATION FOR EMPLOYMENT – PUBLIC SAFETY CIVILIANS



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)

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.*

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.
-

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)

Employer	Address	City	State	Zip
Phone No.	Email	Salary	Date Employed (mo./yr.)	
Job Title	Supervisor's Name	Reason For Leaving	Date Separated (mo./yr.)	

Full Time

Part Time

Duties: _____

Employer	Address	City	State	Zip
Phone No.	Email	Salary	Date Employed (mo./yr.)	
Job Title	Supervisor's Name	Reason For Leaving	Date Separated (mo./yr.)	

Full Time

Part Time

Duties: _____

Employer	Address	City	State	Zip
Phone No.	Email	Salary	Date Employed (mo./yr.)	
Job Title	Supervisor's Name	Reason For Leaving	Date Separated (mo./yr.)	

Full Time

Part Time

Duties: _____

EMPLOYMENT HISTORY CONTINUED

<u>Employer</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Phone Number</u>	<u>Email</u>	<u>Salary</u>	<u>Date Employed (mo./yr.)</u>	
<u>Job Title</u>	<u>Supervisor's Name</u>	<u>Reason For Leave</u>	<u>Date Separated (mo./yr.)</u>	

Full Time *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 No

<u>Employer</u>	<u>Date</u>
-----------------	-------------

Reason

List below every Civil Service competitive examination you have taken. If none, please state.

<u>Agency</u>	<u>Date of exam</u>	<u>Position</u>	<u>Pass/Fail</u>	<u>Status</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you now on any eligibility list? Yes No *If yes, please list:*

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: _____

(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: _____

(b) Complete Name: _____ Occupation: _____

Address: _____ Home Phone: _____
Street Number City State Zip

Business: _____ Bus. Phone: _____ # Yrs. Acq.: _____

Email: _____

(c) Complete Name: _____ Occupation: _____

Address: _____ Home Phone: _____
Street Number City State Zip

Business: _____ Bus. Phone: _____ # Yrs. Acq.: _____

Email: _____

(d) Complete Name: _____ Occupation: _____

Address: _____ Home Phone: _____
Street Number City State Zip

Business: _____ Bus. Phone: _____ # Yrs. Acq.: _____

Email: _____

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: _____

Date: _____ Place: _____ Charge: _____

Disposition: _____ Details: _____

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: _____

Name: _____ Relation: _____ Date: _____

Place: _____ Charge: _____

Disposition: _____

Name: _____ Relation: _____ Date: _____

Place: _____ Charge: _____

Disposition: _____

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: _____

Date: _____ Court: _____ Parties involved: _____

Nature of action: _____ Final disposition: _____

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.

1. 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: _____

Firm: _____ Address: _____

Amount \$: _____ Purpose: _____

Date opened: _____ Date closed: _____

Firm: _____ Address: _____

Amount \$: _____ Purpose: _____

Date opened: _____ Date closed: _____

Firm: _____ Address: _____

Amount \$: _____ Purpose: _____

Date opened: _____ Date closed: _____

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

BILOXI FIRE DEPARTMENT

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 Department of Police and/or Fire. 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 Department of Police and/or Fire 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 Department of Police and/or Fire, 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 Department of Police and/or Fire 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 Department of Police and/or Fire 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

*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:

New Year's Day	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.