

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

## APPLICATION FOR EMPLOYMENT – PUBLIC SAFETY CIVILIANS



Human Resources  
PO Box 429; Biloxi, MS 39533  
Telephone: (228) 435-6259  
Fax: (228) 435-6409  
Email: [biloxihr@biloxi.ms.us](mailto:biloxihr@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, please state. **APPLICATIONS THAT ARE NOT COMPLETE AND LEGIBLE WILL NOT BE ACCEPTED.** 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.

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**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

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**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

1

Full Name:

First

Middle

Last

Give any names you have used or have been known by, including maiden name, and attach under what circumstances these names were used:

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

Driver's License # \_\_\_\_\_

State \_\_\_\_\_

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

Number

Street

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 For how long? \_\_\_\_\_

\_\_\_\_ No

Are you a citizen of the United States?

\_\_\_\_ Yes For how long? \_\_\_\_\_

\_\_\_\_ No

If you have been naturalized: Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Certificate #: \_\_\_\_\_

Are you a registered voter? \_\_\_\_ Yes

\_\_\_\_ No

County and State \_\_\_\_\_

## Education

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

High School Diploma or GED (circle one):  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  School  Date  Type of Action

No

## Current Employment Information

1

Current Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address of Current Employer: \_\_\_\_\_  
Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Salary: \_\_\_\_\_ Date Employment Began: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Separated: \_\_\_\_\_

*Full Time*  
 *Part Time*

Job Duties: \_\_\_\_\_

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

*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):*

<u>Agency</u>	<u>Date of Exam</u>	<u>Position</u>	<u>Pass/Fail</u>	<u>Status</u>

*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.*

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Printed Name

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Signature

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

**APPLICATION WILL NOT BE  
ACCEPTED WITHOUT 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.*

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*Signature of Applicant*

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.*

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*SIGNATURE OF APPLICANT*

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

*NOTARY PUBLIC*

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

## Polygraph/Computerized Voice Stress Analysis (CVSA) 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.*

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SIGNATURE

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WITNESS

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DATE

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TIME

## City of Biloxi Authorization for Release of Information Agreement

1

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 Police 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 Police 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 Police 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 Police 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 Police 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.*

## City of Biloxi Authorization for Release of Information Agreement continued

For and in consideration of the Biloxi Police Department acceptance and processing of my application for employment, I agree to hold the Biloxi Police Department, its agents 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 Biloxi Police 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 Police 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

1

### \*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. 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.