

**APPLICATION FOR EMPLOYMENT- CJIS CLEARANCE**



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 3**

- 1. A photocopy of your birth certificate
- 2. A photocopy of your driver's license
- 3. Blue APPLICANT fingerprint card: This can be completed at the Public Safety Center at 170 Porter Ave; Biloxi, MS 39530 Tues & Thurs 9:30am – 11:30am (Two blocks north of the lighthouse)

**IMPORTANT NOTICE:** *A complete background investigation will be conducted. 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.**



**Human Resources**

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**Please Print**

<http://biloxi.ms.us>

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

Position  
applying for:

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

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

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

Address: \_\_\_\_\_  
NUMBER STREET

CITY STATE ZIP CODE

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PERSONAL DATA**

Are you 18 years of age or older?  Yes  No

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

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

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

If yes, please list below:

NAME	RELATIONSHIP	DEPARTMENT

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

DATE	CHARGE	DISPOSITION	DETAILS

## EDUCATION

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

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

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

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

## MILITARY SERVICE

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

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

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

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

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

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

## PREVIOUS RESIDENCES

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

Dates		Street Address	City	County	State	Zip
From	To					

# EMPLOYMENT HISTORY

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

NAME OF CURRENT OR LAST EMPLOYER

TELEPHONE

STREET ADDRESS

JOB TITLE

CITY STATE ZIP

STARTING DATE ENDING DATE

SALARY

NUMBER OF EMPLOYEES YOU SUPERVISED

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Full Time  Part Time

Reason for leaving:

Statement of duties:

NAME OF CURRENT OR LAST EMPLOYER

TELEPHONE

STREET ADDRESS

JOB TITLE

CITY STATE ZIP

STARTING DATE ENDING DATE

SALARY

NUMBER OF EMPLOYEES YOU SUPERVISED

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Full Time  Part Time

Reason for leaving:

Statement of duties:

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TELEPHONE

STREET ADDRESS

JOB TITLE

CITY STATE ZIP

STARTING DATE ENDING DATE

SALARY

NUMBER OF EMPLOYEES YOU SUPERVISED

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Full Time  Part Time

Reason for leaving:

Statement of duties:

## PERSONAL REFERENCES

*Please exclude any former employers or relatives.*

NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

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

OCCUPATION \_\_\_\_\_

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

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

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

OCCUPATION \_\_\_\_\_

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

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

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

OCCUPATION \_\_\_\_\_

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

RELATIONSHIP \_\_\_\_\_

## CERTIFICATION

*The City of Biloxi is an Equal Opportunity Employer and does not discriminate on the basis of 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. I also understand that this application will be kept on file for a period of one (1) year from the date it is received and it is my responsibility to notify Human Resources if any information changes during that time.*

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

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

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

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

\_\_\_\_\_  
DATE

## 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 City of Biloxi Informations Systems 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.*

*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.*

**Applicant's Affidavit**



**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 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:

\_\_\_\_\_

## 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:*

<i>1 month to 3 years . . . . .</i>	<i>18 days per year (accrue 12 hours per month)</i>
<i>37 months to 8 years . . . . .</i>	<i>21 days per year (accrue 14 hours per month)</i>
<i>97 months to 15 years . . . . .</i>	<i>24 days per year (accrue 16 hours per month)</i>
<i>Over 15 years . . . . .</i>	<i>27 days per year (accrue 18 hours per month)</i>

### \*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) life insurance which includes Accidental Death and Dismemberment for full time employee; \$5,000.00 for spouse, and \$5,000.00 for children over six (6) months old of full time employee*

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

<i>New Year's Day</i>	<i>Labor Day</i>
<i>Dr. Martin Luther King Jr. Day</i>	<i>Veterans Day</i>
<i>Mardi Gras Day</i>	<i>Thanksgiving Day</i>
<i>Good Friday</i>	<i>Friday after Thanksgiving</i>
<i>Memorial Day</i>	<i>Christmas Eve</i>
<i>Fourth of July</i>	<i>Christmas Day</i>

*\*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.*