

**APPLICATION TO  
THE CIVIL SERVICE BOARD OF CITY OF PASS CHRISTIAN**

Any applicant for a position of any kind under civil service must be a citizen of the United States and an elector of the County in which he resides and must have so resided for a period of at least three years immediately preceding the filing of his application.

Filed at \_\_\_\_\_AM/PM

On \_\_\_\_\_

Final Filing Date \_\_\_\_\_

**TITLE OF EXAMINATION**

Position for which applying \_\_\_\_\_

Instructions: Answer all questions in ink or on typewriter. Be sure you have answered every questions. Write "no" or "none" after questions that do not apply to you. All information will be held strictly confidential.

FULL NAME (Print Plainly) Mr., Mrs., Miss \_\_\_\_\_

FIRST                      LAST                      MIDDLE

ADDRESS \_\_\_\_\_

**PERSONAL INFORMATION**

1. How long have you resided in Harrison County? \_\_\_\_\_years;  
In City of Pass Christian? \_\_\_\_\_years.

2. Check item that apply to your case:

<input type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Own or Buying Home
<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Rent Home
<input type="checkbox"/> Other	<input type="checkbox"/> Board	

3. Social Security Number: \_\_\_\_\_

4. Height (without shoes): \_\_\_\_\_ft \_\_\_\_\_in;  
Weight (without clothing): \_\_\_\_\_pounds

5. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

6. Name of Husband or Wife \_\_\_\_\_ Occupation \_\_\_\_\_

7. Name of Father \_\_\_\_\_ Occupation \_\_\_\_\_

8. Drivers License \_\_\_\_\_

9. Do you understand that you will be required to pass a medical and physical examination if selected for appointment and that failure to pass will disqualify you? \_\_\_\_\_  
Attach certified copy of Birth Certificate.

QUALIFICATION:

10. Education	NAME OF SCHOOL	FINISHED	GRADE yes	GRADUATED no	MAJOR AND MINOR	DEGREE
	Elementary					
	High School					
	College or Trade					
	University					
	Correspondence					
	Others					

11. EXPERIENCE (List below your employment history since leaving school, giving approximate dates when exact dates unknown).

FROM Mo. Yr.	TO Mo. Yr.	POSITION HELD	SALARY	COMPANY ADDRESS	NAME OF SUPERVISOR

12. May we refer to your present employer? \_\_\_\_\_

13. Are you skilled in any trades? \_\_\_\_\_ What? \_\_\_\_\_

CHARACTER:

14. Have you ever been arrested? \_\_\_\_\_ If so, explain fully: \_\_\_\_\_

\_\_\_\_\_



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I hereby certify that all information contained in this application is true to the best of my knowledge and I understand that any material misstatement of fact will cause the loss of rights of employment under the jurisdiction of the Civil Service Board of Pass Christian. I agree that this application and all papers in connection with the examination shall be confidential records of the Civil Service Board subject to the inspection of the appointing authority as provided by the rules and to my personal inspection. I am a registered, qualified voter of Harrison County, MS.

COUNTY VOTER REGISTRATION NO. \_\_\_\_\_

COUNTY VOTER REGISTRATION DATE \_\_\_\_\_

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APPLICANT'S SIGNATURE

**ALL QUESTIONS MUST BE ANSWERED TO**

**THE CIVIL SERVICE COMMISSION OF THE CITY OF PASS CHRISTIAN, MISSISSIPPI.**

This is to advise that the above named applicant appeared at the Police Station and was fingerprinted in accordance with the Rule to the effect that all applicants who may secure positions in the City of Pass Christian must be fingerprinted before they report for duty. (NOTE: Fingerprinting Done After Applicant Hired)

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Date

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Superintendent of Bureau of Identification, Police Dept.

**CHARACTER REFERENCES (2)**

This is to certify that I have known the following named person \_\_\_\_\_  
for a period of \_\_\_\_\_ years. I earnestly believe him to be a person of good moral character, of temperate  
and industrious habits, and in all respects fit for the service of the City of Pass Christian. I am willing that  
this certificate be handled and used as a public record. I further certify that I am not a relative, by blood nor  
marriage, of the applicant. I am a registered, qualified voter and citizen of Harrison County, Mississippi.

Signed \_\_\_\_\_

Signed \_\_\_\_\_

\_\_\_\_\_  
Company, Firm or Other Business

\_\_\_\_\_  
Company, Firm or Other Business

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MAIL OR BRING TO CITY HALL  
THE CIVIL SERVICE BOARD OF PASS CHRISTIAN  
200 W. Scenic Dr.  
PASS CHRISTIAN MISSISSIPPI 39571**