



APPLICATION FOR EMPLOYMENT

200 W. Scenic Dr.

PASS CHRISTIAN, MS 39571

AN EQUAL OPPORTUNITY EMPLOYER

The Pass Christian Police Department accepts applications for employment without regard to race, color, religion, creed, gender, national origin, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

IMPORTANT

Print clearly in black ink or type. Answer each question fully and accurately. **Incomplete applications will not be considered.** All information on your application is subject to verification.

1. This application will become void 90 days after you submit it, or when the position for which you applied is filled, or when you accept other employment, whichever occurs first.

2. Any misrepresentations, deceit, or omissions on your application could result in automatic disqualification. All sections in this employment application are applicable to you regardless of position for employment you are applying for.

If you have any questions regarding information on this application, please contact the Pass Christian Police Department at 228 452-3300

1. PERSONAL DATA

Last Name	First Name	Middle Name
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Social Security Number	Driver License Number-	Driver License State	Date of Birth
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Home Phone include Area Code)	Cellular Phone Area Code).	E-mail Address
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A. Present Address	Home / Apartment Number / PO Box #	City	State	Zip Code	County
B. Mailing Address, if different	Home / Address Number /PO Box #	City	State	Zip Code	County

2. POSITION APPLIED FOR

1st	Date of Application	Date Available to Start	List all other names/nicknames that you were known as that would enable us to check your education /experience: 1. _____ 2. _____ 3. _____
2nd			
3rd			

3. Employment **HISTORY** -List chronologically all present and past employers for the **past TEN (10) years**. Include summer, part-time and self-employment. For any unemployed periods, show dates, earnings (if any), and location. If additional space is needed, attach to this application- List ANY police employment to include full-time, part-time or police reserve status.

Current Employer Name <input type="checkbox"/> Unemployed		Phone No. (including area code)	
Address		Start Date	Ending Date
City		State	Zip Code
Job Title		Start Salary \$	Ending Salary \$
Supervisor's Name		Work Performed	
Reason for Leaving			
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES :1 NO - If Yes, explain - _____			
Employer Name <input type="checkbox"/> Unemployed		Phone No. (including area code)	
Address		Start Date	Ending Date
City		State	Zip Code
Job Title		Start Salary \$	Ending Salary \$
Supervisor's Name		Work Performed	
Reason for Leaving			
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain. _____			
Employer Name <input type="checkbox"/> Unemployed		Phone No. (including area code)	
Address		Start Date	Ending Date
City		State	Z-p Code
Job Title		Start Salary \$	Ending Salary \$
Supervisors Name		Work Performed	
Reason for Leaving			
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain. _____			
Employer Name <input type="checkbox"/> Unemployed		Phone No. (including area code)	
Address		Start. Date	Ending Date
City		State	Zip Code
Job Title		Start Salary \$	Ending Salary \$
Supervisor's Name		Work Performed	
Reason for Leaving			
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain. _____			

Employer Name <input type="checkbox"/> Unemployed	Phone No. (including area code)	
Address	Start Date	Ending Date
City	State	Zip Code
Job Title	Start Salary \$	Ending Salary \$
Supervisor's Name	Work Performed	
Reason for Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain. _____		
Employer Name <input type="checkbox"/> Unemployed	Phone No. (including area code)	
Address	Start Date	Ending Date
City	State	Zip Code
Job Title	Start Salary S	Ending Salary \$
Supervisor's Name	Work Performed	
Reason for Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain. _____		
Employer Name <input type="checkbox"/> Unemployed	Phone No. (including area code)	
Address	Start Date	Ending Date
City	State	Zip Code
Job Title	Start Salary S	Ending Salary \$
Supervisor's Name	Work Performed	
Reason for Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain. _____		
Employer Name <input type="checkbox"/> Unemployed	Phone No. (including area code)	
Address	Start Date	Ending Date
City	State	Zip Code
Job Title	Start Salary S	Ending Salary \$
Supervisor's Name	Work Performed	
Reason for Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO - If Yes, explain. _____		

4. RESIDENCES - Beginning with your current address, list chronologically ALL previous residences, including addresses you had while attending school and on military assignment. Include any residence that you resided in for thirty (30) days or more.

Dates				Street Address (including zip code)	City	County / Parish	State
From		To					
Month	Year	Month	Year				

5. REFERENCES - Give at least three (3) references, not relatives, who are responsible adults of reputable standings in their communities, such as householders, property owners, business or professional persons, who have known you well during the past five (5) years, and three (3) social acquaintances in your own age group. (Attach additional pages, if needed)

Business / Professional References - (Supervisors and / or Co-Workers are Acceptable)

1.	Name	Business Name	Address	State	zip	() Phone #
			city			
2.	Name	Business Name	Address	State	zip	() Phone #
			city			
3.	Name	Business -Name	Address	State	zip	() Phone #
			city			

1.	Name	<u>years Known</u>	Address	State	zip	() Phone #
			city			
2.	Name	Years Known	Address	State	zip	() Phone #
			city			
3.	Name	Years Known	Address	State	zip	() Phone #
			city			

6. EDUCATION/ADDITIONAL INFORMATION

Name and Address of School	Circle Highest Year Finished or Credit Hours	Dates Attended	Type of Diploma / Degree
High School	09 10 11 12	From _____ To _____	
College	_____ Hours	From _____ To _____	
College	_____ Hours	From _____ To _____	
Graduate, Professional, Business, or Trade School	_____ Hours	From _____ To _____	

INDICATE IF YOU HAVE ANY OF THE FOLLOWING SKILLS:	INDICATE IF YOU HAVE ANY OF THE FOLLOWING SKILLS:
CHECK APPROPRIATE SKILL	CHECK APPROPRIATE SKILL
<input type="checkbox"/> Typing - Speed _____ WPM	<input type="checkbox"/> Shorthand - Speed _____ WPM
<input type="checkbox"/> Dictating Machine <input type="checkbox"/> Word Processing <input type="checkbox"/> Telephone Console	<input type="checkbox"/> Certified Mechanic <input type="checkbox"/> Paint & Body <input type="checkbox"/> ZI Radio Maintenance
<input type="checkbox"/> Computer <input type="checkbox"/> Type:	<input type="checkbox"/> Electrician <input type="checkbox"/> Carpentry
<input type="checkbox"/> Software:	Other Skills/Abilities:
Other Skills/Abilities:	
Instructor Certifications:	
Specialized Training:	

7. COURT RECORD -Have you ever been arrested, detained, charged, or convicted of a *misdemeanor* or *felony offense*?

YES NO

Date of Arrest	Date of Offense	Date of Conviction	Police Agency	Char - e	Final Disposition
_____	_____	_____	_____	_____ :1 Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Reduced: _____ <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony
_____	_____	_____	_____	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Reduced: _____ <input type="checkbox"/> :3 Misdemeanor <input type="checkbox"/> Felony
_____	_____	_____	_____	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> ZI Felony	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> ZI Reduced: _____ <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony
_____	_____	_____	_____	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Reduced: _____ <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony
Explanations:					

Has any member of your immediate family *including in-laws*. ever been arrested or convicted of any misdemeanor or felony crime. other than a traffic ticket? YES NO

Name	Relationship	Date	Charge	Final Disposition

Have you ever been a part to any civil or chancery action in Justice Court, County Court, Circuit Court, Chancery Court or Federal Court? (Example - Small Claims, Divorce, Bankruptcy) YES NO If Yes, provide the following information:

Date	Court	Parties Involved	Nature of Action	Final Disposition

8. **TRAFFIC HISTORY -IN THE PAST TEN (10) YEARS, HAVE YOU RECEIVED ANY TRAFFIC OR PARKING CITATIONS?** YES NO
 Has your driver's license ever been suspended or revoked? YES NO

Date	Charging Agency	Violation	Final Disposition	Details
_____	_____	_____	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine	
_____	_____	_____	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine	
_____	_____	_____	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine	
_____	_____	_____	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine	

Explanations:

9. **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 husband or wife. Include step related persons.

Complete Name (No Initials) and Address of All Relatives to include step related	Occupation, Including name and address of firm where employed, if applicable	Date and place of naturalization, if applicable
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A. Father Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
B. Mother Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
C. Husband/Wife Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
D. Ex-Husband/Wife 1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
E. Ex-Husband/Wife 1 - Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
F. Ex-Husband/Wife 1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	

Complete Name, (No Initials) and Address of All Relatives to include step related	Occupation, Including name and address of firm where employed, if applicable	Date and place of naturalization, if applicable
G. Children 1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
2- Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
3. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
4. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
5. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
6. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
H. Brothers 1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
2. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
3. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
4. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
5. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	

Complete Name, (No Initials) and Address of All Relatives to include step related	Occupation, Including name and address of firm where employed, if applicable	Date and place of naturalization, if applicable
1. Sisters 1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
2. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
3. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
4. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
5. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
J. Brother I Sister-in-Law 1. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
2. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
3. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
4. Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
K. Father-in-Law Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	
L. Mother-in-Law Name: _____ Address: _____ Place of Birth: _____	<input type="checkbox"/> Deceased	

10. **MILITARY RECORD**

Have you ever served in the Armed Forces of the United States? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard
Duties:	Rank:	
Dates Served: From: _____ / ____ / _____ To: _____ / ____ / _____	Type of Discharge:	
Are you currently a member of the National Guard or other Reserve Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reserve Status: <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Inactive	
Reserve Branch: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input checked="" type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard		
If you are in a pay status requiring drills, meeting or camps. give the unit and location:		
While serving in the military, did you receive any discipline, court martial. or company punishment? :1 NO <input type="checkbox"/> YES		
If Yes. Explain:		
ATTACH a COPY OF YOUR DD - 214 (Member - 4 Format)		

11. **MILITARY TRAINING/EXPERIENCE**

Describe any job-related training in the United States Military:

12. **RELEVANT DATA**

- 1. Are you a citizen of the United States? Yes No
- 2. Have you ever applied to or been employed by Pass Christian Police Department? Yes No
 If you have been, please check box below - give dates and positions(s) held:
 Employed - Position: _____ Employed from: _____ to _____
 If you applied to the Pass Christian Police Department but were not hired. please check box below:
 :1 Position Previously Applied for _____ Date: _____
- 3. Do you have relatives employed by Pass Christian Police Department? Yes No
 If Yes. please list names, relationships and occupations'.

- 4. Indicate what shifts you are willing to work: Any Day Swing Midnight
- 5. Are you 21 years of age or over? Yes No
- 6- Are you a registered voter? Yes No
 If yes: County: _____ State: _____
- 7. Do you have a Valid Drivers License? Yes No
- 8. Have you ever illegally used any controlled substance(s)? Yes No
 (Example: *Marijuana, LSD, PCP, Cocaine, Heroin, Ecstasy, Steroids, or any other controlled substance*)
- 9. **Did you read, understand and answer all questions?** Yes No

13 I understand that this application will become void 90 days after I submit it, or when the position for which I apply is filled. or when I accept other employment, whichever comes first.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in my discharge.

In the event of employment, I understand that I am required to abide by all the rules and regulations of the Pass Christian Policed Department.

I certify that all the answers given within this application are true and complete to the best of my knowledge.

Signature of Applicant _____
Date

14. REQUIRED DOCUMENTS

ATTACHED

- | | |
|--|--|
| 1. Copy of High School Diploma or General Equivalency Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Certified Copy of High School Transcripts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Certified Copy of college transcripts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Copy of Current Driver's License (Affix to the space provided below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Copy of DD-214 -For <u>military service</u> . (Member - 4 format, Copy Only) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Copies of all training certifications (example: police academy, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Certified Copy of your Birth Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Current Color Photograph (Affix to the space provided below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Did you supply all information requested in this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

All transcripts should be received by the Pass Christian Police Department in a sealed envelope.

Attention all Applicants

**Attach a photocopy of
your driver's license
in this space**

**Attach a
Current
Color
Photograph
Here**

FOR PERSONNEL OFFICE USE ONLY

Date Returned
Accepted by

AUTHORITY TO RELEASE INFORMATION

THIS FORM MUST BE NOTARIZED!

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 spaces.

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Pass Christian Police Department Pass Christian, Mississippi. The Department needs to 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 is disclosed to Pass Christian Police.

I hereby authorized any representative of the Pass Christian Police Department bearing this release to obtain any information in your files 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 of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Pass Christian Police Department, whether said records are of public, private, 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, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Pass Christian Police Department to consider in determining my suitability for employment. 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, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory 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 examinations, and any internal affairs investigation 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 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 Pass Christian Police Department regardless of any agreement I may have made with you previously to the contrary. The 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 Pass Christian Police Department acceptance and processing of my application for employment, I agree to hold the Pass Christian 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 Pass Christian 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 to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Pass Christian 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 the said photocopy or FAX copy does not contain an

original writing of my signature.

Over)-

This waiver is valid for a period of one (1) year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Print Name: _____

Signature: _____

Current Address: _____

Date of Birth: _____ Social Security Number: _____

Home Telephone: () _____ Work Telephone: () _____

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 _____

My Commission Expires:

Notary Public

**THIS PAGE IS FOR APPLICANTS FOR THE POSITION OF
SWORN POLICE OFFICER**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the occupation of a police officer? YES NO If No, you are to explain on a separate sheet of paper.

I understand that all appointments are probationary for a period of up to one (1) year, during which time I must demonstrate my fitness for continued employment by the Pass Christian Police Department. I also 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 Pass Christian Police Department and I agree to these conditions.

I also certify that I have never been convicted of the misdemeanor crime of **Domestic Violence** and that I am not prohibited from carrying a weapon or ammunition for any reason.

(Signature of applicant as usually written)

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 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 _____ 120 _____

My Commission Expires:

Notary Public

THE CIVIL SERVICE BOARD FOR THE CITY OF PASS CHRISTIAN
APPLICATION

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/she 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 typewriter. Be sure you have answered every question. 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. Check item that apply to your case:

Male

Single

Own or Buying Home

Female

Married

Rent Home

Other

Board

2. Social Security Number: _____ Race: _____ Sex: _____

3. Height: _____ ft _____ in: Weight: _____

4. Place of Birth: _____ Date of Birth: _____

5. Name of Husband or Wife: _____ Occupation: _____

6. Name of Father: _____ Occupation: _____

7. Drivers License number: _____ State: _____

8. Do you understand that you will be required to pass a medical and a physical examination if selected for **appointment and that failure to pass will disqualify** you? _____

Attach certified copy of Birth Certificate.

QUALIFICATION:

9- Education

GRADE GRADUATED MAJOR AND MINOR DEGREE

NAME OF SCHOOL FINISHED

.yes no

Elementary

High School

College of Trade

University

Correspondence

Other

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

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

11: May we refer to your present employer? _____

12: Are you skilled in any trades: _____ What? _____

CHARACTER:

13: Have you ever been arrested? _____ If so, explain fully: _____

14: Can you make bond if necessary? _____

15: List below three persons who have known you several years who are not related to you and who do not hold political office:

NAME	OCCUPATION	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARTICULAR INFORMATION

16: Are you related by blood or marriage to any officers or employees of Harrison County or City of Pass Christian? _____

If so, give name and their **employment below:**

NAME	OCCUPATION	OFFICIAL	TITLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17: Do you hold any political or party office? _____

If so, give title of position and date of election or appointment: _____

18: Have you ever taken an examination under the Pass Christian, MS Civil Service? _____

If so, state title and date of examination: _____

19: Will you accept temporary employment for One month or less? _____

Three months or less? _____ Less than six months? _____

20: List below your residence for the last 5 years:

STREET ADDRESS	CITY	STATE	FROM		TO	
			MO	YR	MO	YR
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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 in the State of Mississippi.

COUNTY VOTER REGISTRATION NO: _____

COUNTY VOTER REGISTRATION DATE: _____

APPLICANTS SIGNATURE

ALL QUESTIONS MUST BE ANSWERED TO THE CIVIL SERVICE COMMISSION OF THE CITY OF PASS CHRISTIAN, MISSISSIPPI.

This is to advised that the above name 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)

Date

Superintendent of Bureau of Identification, Police Department

CHARACTER REFERENCES (2)

This is to certify that I have known the following name person _____
For a period of _____ years. I earnestly believe him/her 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, to the applicant. I am a registered voter and citizen of State of 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 THE PASS CHRISTIAN
200 W. Scenic Dr.
PASS CHRISTIAN, MISSISSIPPI 39571