

# Pass Christian Fire Department



## APPLICATION FOR EMPLOYMENT

200 West Scenic Drive  
Pass Christian, Mississippi 39571

### AN EQUAL OPPORTUNITY EMPLOYER

The Pass Christian Fire 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(form is fillable). Answer each question fully and accurately.

**Incomplete applications will not be considered**

All information on your application is subject to verification.

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 Fire Department 228-452-3323**

### 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

Date Available to Start

Date of Application

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Full time  Part Time

**3. Employment HISTORY**-List below the last three employers starting with the most recent.

<b>Current Employer Name</b>		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			
<b>Employer Name</b>		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			
<b>Employer Name</b>		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			

**4. References** - Give at least three (3) references, not relatives, who have known you for at least 1 year.

Name	Business	Years acquainted

Address	City	State	Zip

Name	Business	Years acquainted

Address	City	State	Zip

Name	Business	Years acquainted

Address	City	State	Zip

**5. Education**

Name and Address of School	Check Highest Year Finished or Credit Hours	Dates Attended		Type of Diploma / Degree
		From	To	
High School	09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	From		
		To		
College	_____ Hours	From		
		To		
College	_____ Hours	From		
		To		
Graduate, Professional, Business, or Trade School	_____ Hours	From		
		To		

**Attach copies of any diplomas or certificates.**

**6. COURT RECORD** -Have you been convicted of a felony within the last 5 years.  YES  NO

Explanation:


- Have you ever been arrested or convicted of a DUI?  YES  NO

Explanation:


- Have you received any traffic citations in the last 3 years?  YES  NO

Explanation:


**7. MILITARY RECORD**

Branch of service:
Discharge date and rank:

**8. 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 Fire 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 city of Pass Christian but were not hired. please check box below:

Position Previously Applied for \_\_\_\_\_ Date: \_\_\_\_\_

- 3. Do you have relatives employed by Pass Christian Fire Department or the city of Pass Christian?

If Yes. please list names, relationships and occupations.

Yes  No

Name	Department	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Are you 21 years of age or over?  Yes  No

5. Are you a registered voter?  Yes  No

If yes: County: \_\_\_\_\_ State: \_\_\_\_\_

6. Do you have a Valid Driver's License?  Yes  No

7. Have you ever illegally used any controlled substance(s)?  Yes  No

(Example: Marijuana, LSD, PCP, Cocaine, Heroin, Ecstasy, Steroids, or any other controlled substance)

8. Did you read, understand and answer all questions?  Yes  No

**9. PERSONAL INFORMATION (Civil Service)**

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

2. Check item that apply to your case:

Male                       Single                       Own or Buying Home  
 Female                     Married                     Rent Home  
     Other                         Board

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

4. Height: \_\_\_\_\_ ft \_\_\_\_\_ in

5. Weight: \_\_\_\_\_

6. Name of spouse (if applicable): \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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? \_\_\_\_\_

9. Are you skilled in any trades: \_\_\_\_\_ If so explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Do you currently hold any political office?  Yes  No  
 If so, give title and date of election/ appointment: Title: \_\_\_\_\_ Date: \_\_\_\_\_

11. Have you ever taken an examination under the Pass Christian, MS Civil Service?  Yes  No  
 Date (if yes): \_\_\_\_\_

12. Will you accept temporary employment for One month or less?  Yes  No  
 Three months of less?  Yes  No    Less than six months?  Yes  No

13: RESIDENCES - Beginning with your current address, list below your previous residences for the last 5 years.

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

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

\_\_\_\_\_  
(State in which you are registered in)

COUNTY VOTER REGISTRATION NO: \_\_\_\_\_

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

\_\_\_\_\_  
APPLICANTS SIGNATURE

10.

I understand that this application will become void 1 year after I submit it.  
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 Fire 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

**11. REQUIRED DOCUMENTS**

**ATTACHED**

- |  |  |
|--|--|
| 1. Copy of High School Diploma or General Equivalency Certificate        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Copy of Current Driver's License                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Copies of all training certifications (example: police academy, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Certified Copy of your Birth Certificate                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Copy of your social security card.                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Did you supply all information requested in this application?         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**FOR PERSONNEL OFFICE USE ONLY**

\_\_\_\_\_  
Date Returned

\_\_\_\_\_  
Accepted by

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 the State of

\_\_\_\_\_  
(State in which you are registered in)

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 West Scenic Drive  
PASS CHRISTIAN, MISSISSIPPI 39571

**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 City of Pass Christian, Mississippi. The City 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 the City of Pass Christian.

I hereby authorized any representative of the City of Pass Christian 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 City of Pass Christian, 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 City of Pass Christian 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 City of Pass Christian 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 City of Pass Christian 's acceptance and processing of my application for employment, I agree to hold the City of Pass Christian , 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 City of Pass Christian. 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 City of Pass Christian 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. 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 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

# **CITY OF PASS CHRISTIAN ACKNOWLEDGEMENT OF RECEIPT OF DRUG TESTING POLICY**

I, \_\_\_\_\_, hereby acknowledge that I have received a copy of the City of Pass Christian Drug Testing Policy ("Policy").

You are hereby advised that the City of Pass Christian, MS as your prospective/current employer has implemented a drug and alcohol policy and conducts a testing program, pursuant to Sections 71-7-1, [et. seq.](#), of the Mississippi Code of 1972, Ann. (hereinafter referred to as the Act"), and you are hereby advised of the existence of said Act.

In conjunction with my receiving a copy of the Policy, I further acknowledge the following:

1. I have read the Policy and fully understand the terms contained therein and the consequences for violation any term of the Policy.
2. I understand that my compliance with all terms of the Policy is a condition of my employment with the City of Pass Christian, and I agree to abide to all terms of the Policy.
3. If a Post-Accident drug test is required under the Policy and I am seriously injured and unable to provide a specimen at the time of the accident, then this Acknowledgement shall be considered my authorization for the City of Pass Christian or its designated representative to obtain hospital reports and other documents which would indicate whether there was any controlled substances and/or alcohol in my system.
4. I authorize the collection site, laboratory and/or medical review officer retained by the City of Pass Christian to perform any and all functions which these entities and/or individuals may be required to perform pursuant to the applicable State Laws and Mississippi Department of Health Regulations. Such authorization shall include, but is not limited to, the release of test result information to the City of Pass Christian, verification of the use of prescribed medications, obtaining information from my physician, hospital, dentist, or pharmacist and the reporting of negative test results with a qualifying statement in cases wherein I may be taking a legally-prescribed drugs.
5. To the fullest extent allowed by law, I hereby release and hold harmless the City of Pass Christian and its officials, employees and agents from any liability whatsoever which may arise from the procedures and implementation of this Drug Testing Policy.
6. I am aware that violations of the policy may result in denial of employment and/or disciplinary action, up to and including termination.

7. I am further aware that I have certain rights under State Law regarding drug testing which I am entitled to use if necessary.
  
8. All information, interviews, reports, statements, memoranda and test results, written or otherwise, received by the City of Pass Christian, MS through its drug and alcohol testing program are confidential communications and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with the Act and these regulations. Any information obtained by the City of Pass Christian, MS pursuant to the Act and these regulations shall be the property of the employer. The City of Pass Christian, MS shall not release to any person other than the employee or job applicant, or employer medical, supervisory or other personnel, as designated by the City of Pass Christian, MS on a need to know basis, information related to drug and alcohol test results unless: (a) The employee or job applicant has expressly, in writing, granted permission for the City of Pass Christian, MS to release such information; it is necessary to introduce a positive confirmed test result into an arbitration proceeding pursuant to a collective bargaining agreement, an administrative hearing under applicable state or local law, or a judicial proceeding, provided that information is relevant to the hearing or proceeding, or the information must be disclosed to a federal or state agency or other unit of the state or United States government as required under law, regulation or order, or in accordance with compliance requirements of a state or federal government contract, or disclosed to a drug abuse rehabilitation program for the purpose of evaluation or treatment of an employee; or there is a risk to public health or safety that can be minimized or prevented by the release of such information; provided, however, that unless such risk is immediate, a court order permitting the release shall be obtained prior to the release of the information. The confidentiality provisions provided for by the Act shall not apply to other parts of an employee's or job applicant's personnel or medical files. If an employee refuses to sign a written consent form for release of information to persons as permitted in the Act, the City of Pass Christian, MS shall not be barred from discharging or disciplining the employee.

An employee or job applicant to be tested shall be given (1) a medication disclosure form to permit the employee or job applicant to disclose any non-prescription or prescription medications that have been taken within forty-five (45) days prior to being tested, and (2) a statement that the form shall be submitted directly to the employer's designated Medical Review Officer, ensuring that no person or entity has access to the information disclosed on the form other than the Medical Review Officer.

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witnessed by*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*