



**Mississippi Department of Marine Resources  
Marine Patrol Reserve Officer  
Application for Membership**



## Instructions

Please read the instructions for completing this application carefully and complete the application thoroughly. Type or print legibly in ink. Answer all questions. If a question does not apply to you, please write in the space provided N/A (Not Applicable). Applications not completed in accordance with these instructions are invalid and will no longer be considered. Valid applications will be retained for a period of one (1) year from receipt, after which the applicant must re-apply to be considered for other openings. Applications are to be turned into the Office of Marine Patrol, located at 1141 Bayview Avenue, Biloxi, MS. 39530 or emailed to [Jeff.Payne@dmr.ms.gov](mailto:Jeff.Payne@dmr.ms.gov).

Applicants may attach job related supplemental information. The Department of Marine Resources is an equal opportunity employer and does not discriminate against any individual because of race, color, creed, national origin, religion, sex, age, disability, or political affiliation.

## Qualifications

In accordance with Section 49-15-21, Mississippi Code of 1972, Annotated, as amended, to be eligible for membership in the Marine Patrol Reserve, an applicant must possess the following qualifications:

- Be at least twenty-one (21) years of age;
- Be a high school graduate or possess the equivalent GED;
- Be in good physical condition;
- Have a valid Mississippi driver's license;
- Be in good standing with the community;
- Be available for training and duty;
- Not be an active member of any police, auxiliary police, civil defense, or private security agency;
- Have never been convicted of a felony;
- Have one (1) of the following:
  - \* An honorable discharge or honorable separation certificate from one (1) of the United States military services;
  - \* Three (3) years of responsible post-high school work experience that required the ability to deal effectively with individuals and groups of persons;
  - \* Successful completion of sixty (60) semester hours at an accredited college or university; or,
  - \* The qualifications as outlined in Section 49-15-21, Mississippi Code of 1972, Annotated, as amended for enforcement officers.
- Not be an immediate family member of an active Marine Patrol Officer unless a special waiver is granted by the Executive Director or designee;
- Must attend and successfully complete the Mississippi Law Enforcement Reserve Officer's Training Academy; and,
- Successfully complete a background investigation conducted by DMR personnel.



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## Mississippi Department of Marine Resources Reserve Officer Application

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

2. Home Address: \_\_\_\_\_  
Street Address City State Zip

3. Mailing Address, if different from above:

\_\_\_\_\_  
Street Address City State Zip

4. Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

5. Sex \_\_\_\_\_ (M/F) Race \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(To meet requirements of federal regulations, we need to collect information on question number 5 for EEO reporting purposes only. This information will not be used for making employment decisions and is optional.)

6. Social Security No: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ DL State \_\_\_\_\_

7. Are you legally authorized to work in the United States? \_\_\_\_\_ (Y/N)

If no, please explain on a separate sheet of paper.

8. Do you have military service? \_\_\_\_\_ (Y/N) If yes, attach your DD-214.

9. Do you have any previous law enforcement experience? \_\_\_\_\_ (Y/N)

Have you graduated from a state certified academy? \_\_\_\_\_ (Y/N)

a. If yes, list academy and date of graduation: \_\_\_\_\_

10. Have you ever been convicted of a felony? \_\_\_\_\_ (Y/N)

If yes, please explain on a separate sheet of paper.

11. Have you ever been convicted of a misdemeanor? \_\_\_\_\_ (Y/N)

If yes, please explain on a separate sheet of paper.

12. Do you have any legal actions pending? \_\_\_\_\_ (Y/N)

If yes, please explain on a separate sheet of paper.





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**18.** Experience: Please start with your current employer and list the past ten (10) years of employment. Explain any gaps in employment.

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a. From: \_\_\_\_\_ To: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone No \_\_\_\_\_

Your Job Title \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_

Brief Description of Your Duties

\_\_\_\_\_  
\_\_\_\_\_

b. From: \_\_\_\_\_ To: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone No \_\_\_\_\_

Your Job Title \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_

Brief Description of Your Duties

\_\_\_\_\_  
\_\_\_\_\_

c. From: \_\_\_\_\_ To: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone No \_\_\_\_\_

Your Job Title \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_

Brief Description of Your Duties

\_\_\_\_\_  
\_\_\_\_\_



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d. From: \_\_\_\_\_ To: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's Phone No \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_  
Brief Description of Your Duties  
\_\_\_\_\_  
\_\_\_\_\_

e. From: \_\_\_\_\_ To: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's Phone No \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_  
Brief Description of Your Duties  
\_\_\_\_\_  
\_\_\_\_\_

f. From: \_\_\_\_\_ To: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's Phone No \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_  
Brief Description of Your Duties  
\_\_\_\_\_  
\_\_\_\_\_

**\*Attach additional sheet(s) for additional employment.**



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**19.** List below the names of two (2) work related references and two (2) personal references, not related to you that you have known for at least one (1) year.

- a. Name: \_\_\_\_\_ (Work Reference)  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Number of years known \_\_\_\_\_
  
- b. Name: \_\_\_\_\_ (Work Reference)  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Number of years known \_\_\_\_\_
  
- c. Name: \_\_\_\_\_ (Personal Reference)  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Number of years known \_\_\_\_\_
  
- d. Name: \_\_\_\_\_ (Personal Reference)  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Number of years known \_\_\_\_\_



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## Background Investigation Consent Form

I, \_\_\_\_\_, have applied for a position as a Marine Patrol Reserve Officer. I have been advised and am fully aware that a representative of the Department of Marine Resources (DMR) will be conducting a complete and thorough background investigation to assist in determining my eligibility for this position.

I realize that in conducting this background investigation, officers of the DMR will be making inquiries at schools that I have attended, places of past and present employment, law enforcement agencies, court or clerks' offices for arrest and/or conviction records and civil suits, and with any persons who may be able to provide information that the DMR may desire.

I hereby give my permission and waive all provisions of law forbidding any persons, schools, law enforcement agencies, firms, employers, or courts from releasing, furnishing or giving a representative of the DMR any information or copy of any records that they may desire concerning me.

I further consent and request that the Department of Marine Resources, or its representative, be furnished with the information and any such copy of information that they may desire. I recognize the right of the Department of Marine Resources, or its representative, to treat the information obtained from whatever sources as confidential and released only to those within the DMR on a need to know basis, as approved by the Executive Director or his or her designee. Information will not be released to outside agencies or individuals without the consent of the person who is the subject of the background investigation. Information may be released, as required by law.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
SSN

\_\_\_\_\_  
DOB

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
DL State

\_\_\_\_\_  
DL #