

DEPARTMENT OF MARINE RESOURCES CONTRACT WORKER APPLICATION



Return Completed Application to:
Department of Marine Resources
 1141 Bayview Avenue, Suite 101
 Biloxi, MS 39530
 Attention: Procurement

For Staff/Official Use Only

Received: _____

**-TYPE OR PRINT IN BLACK INK-
 JOB INFORMATION**

| | |
|--------|-----------------|
| RFA #: | POSITION TITLE: |
|--------|-----------------|

PERSONAL INFORMATION

| | | |
|-------------------------|---|-----------|
| FIRST NAME | MIDDLE INITIAL | LAST NAME |
| ADDRESS | | |
| CITY | STATE | ZIP |
| HOME PHONE | ALTERNATE PHONE | |
| MONTH AND DATE OF BIRTH | WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL OR <input type="checkbox"/> PAPER | |
| EMAIL ADDRESS | | |

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

| | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Some College | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> High School | <input type="checkbox"/> Technical College | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Specialist's Degree | |

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G.E.D. OR A HIGH SCHOOL EQUIVALENCY DIPLOMA? YES NO

IF NO, WHAT WAS THE HIGHEST GRADE LEVEL COMPLETED? 7 8 9 10 11 12

COLLEGE/UNIVERSITY EDUCATION

| | | |
|------------------------------|---|---|
| SCHOOL NAME | | DEGREE RECEIVED |
| DATES ATTENDED | DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/> | <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED: |
| SCHOOL LOCATION (CITY/STATE) | MAJOR | |
| SCHOOL NAME | | DEGREE RECEIVED |
| DATES ATTENDED | DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/> | <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED: |
| SCHOOL LOCATION (CITY/STATE) | MAJOR | |
| SCHOOL NAME | | DEGREE RECEIVED |
| DATES ATTENDED | DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/> | <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED: |
| SCHOOL LOCATION (CITY/STATE) | MAJOR | |

CERTIFICATES & LICENSES (INCLUDING DRIVER'S LICENSE)

| | | |
|----------------|--------------------------|------------------------------|
| TYPE | DATE ISSUED (MONTH/YEAR) | EXPIRATION DATE (MONTH/YEAR) |
| LICENSE NUMBER | ISSUING AGENCY | SPECIALIZATION |
| TYPE | DATE ISSUED (MONTH/YEAR) | EXPIRATION DATE (MONTH/YEAR) |
| LICENSE NUMBER | ISSUING AGENCY | SPECIALIZATION |
| TYPE | DATE ISSUED (MONTH/YEAR) | EXPIRATION DATE (MONTH/YEAR) |
| LICENSE NUMBER | ISSUING AGENCY | SPECIALIZATION |

WORK HISTORY

| | | | |
|----------------------|--------|---|----------------|
| DATES From | To | EMPLOYER | POSITION TITLE |
| ADDRESS, CITY, STATE | | | |
| PHONE NUMBER | | SUPERVISOR (NAME & TITLE) | |
| HOURS PER WEEK | SALARY | MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| DUTIES | | | |

| | | | |
|----------------------|--------|---|----------------|
| DATES From | To | EMPLOYER | POSITION TITLE |
| ADDRESS, CITY, STATE | | | |
| PHONE NUMBER | | SUPERVISOR (NAME & TITLE) | |
| HOURS PER WEEK | SALARY | MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| DUTIES | | | |

WORK HISTORY

| | | | |
|----------------------|----|---------------------------|---|
| DATES From | To | EMPLOYER | POSITION TITLE |
| ADDRESS, CITY, STATE | | | |
| PHONE NUMBER | | SUPERVISOR (NAME & TITLE) | |
| HOURS PER WEEK | | SALARY | MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| DUTIES | | | |

| | | | |
|----------------------|----|---------------------------|---|
| DATES From | To | EMPLOYER | POSITION TITLE |
| ADDRESS, CITY, STATE | | | |
| PHONE NUMBER | | SUPERVISOR (NAME & TITLE) | |
| HOURS PER WEEK | | SALARY | MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| DUTIES | | | |

MILITARY INFORMATION

1. ARE YOU A VETERAN OF THE ARMED FORCES? YES NO
(IF YOU INDICATED "YES", YOU MUST ATTACH A COPY OF YOUR DD214 OR OTHER PROOF OF SERVICES.)
2. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED? YES NO

ADDITIONAL INFORMATION

Additional Information (other schools or training; special qualifications; honors and awards; etc.):

APPLICANT DECLARATIONS

By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the Department of Marine Resources. I know that any misrepresentation herein may lead to rejection of my application. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

X _____
SIGNATURE OF APPLICANT

DATE