

# 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?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER<br># OF UNITS COMPLETED: |
| SCHOOL LOCATION (CITY/STATE) | MAJOR   |   |
| SCHOOL NAME                  |   | DEGREE RECEIVED   |
| DATES ATTENDED               | DID YOU GRADUATE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER<br># OF UNITS COMPLETED: |
| SCHOOL LOCATION (CITY/STATE) | MAJOR   |   |
| SCHOOL NAME                  |   | DEGREE RECEIVED   |
| DATES ATTENDED               | DID YOU GRADUATE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER<br># 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<br>From _____ To _____ | EMPLOYER                  | POSITION TITLE  |
| ADDRESS, CITY, STATE         |                           |   |
| PHONE NUMBER                 | SUPERVISOR (NAME & TITLE) |   |
| HOURS PER WEEK               | SALARY                    | MAY WE CONTACT THIS EMPLOYER?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| DUTIES                       |                           |   |

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

**WORK HISTORY**

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

|                      |    |                           |   |
|----------------------|----|---------------------------|---|
| DATES<br>From        | To | EMPLOYER                  | POSITION TITLE  |
| ADDRESS, CITY, STATE |    |                           |   |
| PHONE NUMBER         |    | SUPERVISOR (NAME & TITLE) |   |
| HOURS PER WEEK       |    | SALARY                    | MAY WE CONTACT THIS EMPLOYER?<br>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.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE