

# DEPARTMENT OF MARINE RESOURCES CONTRACT WORKER APPLICATION



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

**For Staff/Official Use Only**

**Received:** \_\_\_\_\_

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

RFQ #:	POSITION TITLE:
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**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