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? ☐ EMAIL OR ☐ PAPER

EMAIL ADDRESS

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

☐ Some High School ☐ High School ☐ Some College ☐ Technical College ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Specialist's Degree ☐ Doctorate 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 ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:

SCHOOL LOCATION (CITY/STATE)	MAJOR

SCHOOL NAME	DEGREE RECEIVED

DATES ATTENDED	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:

SCHOOL LOCATION (CITY/STATE)	MAJOR

SCHOOL NAME	DEGREE RECEIVED

DATES ATTENDED	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ 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 ☐ NO ☐
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 ☐ NO ☐
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 ☐ NO ☐
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 ☐ NO ☐
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