

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT -- FIRE AND POLICE DEPARTMENTS



Human Resources  
P.O. Box 429, Biloxi, MS 39533  
Telephone: (228) 435-6259  
Fax: (228) 435-6409  
[http:// biloxi.ms.us](http://biloxi.ms.us)

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**IMPORTANT NOTICE:** Application must be typewritten or clearly printed. All questions must be answered. If a question is not applicable, so state. **APPLICATIONS THAT ARE NOT COMPLETE AND LEGIBLE WILL NOT BE ACCEPTED.** If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. It is the responsibility of the applicant to notify the Human Resources office of any address and/or phone number change.

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**All applicants must attach items 1 through 8.**

- 1. A recent picture of yourself.
  - 2. A photocopy of your Birth Certificate.
  - 3. A photocopy of your High School Diploma or G.E.D. Certificate.
  - 4. A photocopy of your voter registration card.
  - 5. Blue APPLICANT fingerprint card completed at Public Safety Center, 170 Porter Ave. **Tues. & Thurs. 9:30 a.m. - 11:30 a.m. Two blocks north of the Biloxi Lighthouse.**
  - 6. Prior Military Service-must attach copy of DD-214 long form (Sections 23-30).
  - 7. If naturalized citizen, provide proof for verification to Human Resources of Naturalization papers.
  - 8. A photocopy of your driver's license.
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**Important Notice:** A complete background investigation will be conducted that will include a polygraph/computerized voice stress analysis and a psychological profile. All offers of employment will be conditioned on a medical examination and inquiry, including a psychological profile and drug/alcohol screening test.

***The City of Biloxi is an equal opportunity employer  
and does not discriminate on the basis of sex, race, creed, religion, age or handicap.***



# EDUCATION

Circle highest school year completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

High School Diploma/GED  Yes  No Date: \_\_\_\_\_

Name of high school	Location (mailing address)	Dates		Special course(s) pursued	Date diploma received
		From	To		

Name/mailing address of college or univ. attended	Credits received		Field of study		Dates attended		Type of degree and date obtained
	QTR.	SEM.	Maj./Hrs	Minor/Hrs	From	To	
Undergraduate							
Graduate							
Miscellaneous							

Were you ever dismissed from a school, or were any disciplinary actions, including scholastic probation, ever taken against you during your scholastic career?  Yes  No

If yes, \_\_\_\_\_  
School Date Type of action

## SKILLS AND EXPERIENCE

List any school/college honors: \_\_\_\_\_  
 \_\_\_\_\_

List any professional, trade, business, or civic activities and offices held. (You may exclude those that indicate race, religion, sex or national origin.): \_\_\_\_\_  
 \_\_\_\_\_

**Special skills or training:** \_\_\_\_\_  
 \_\_\_\_\_

## MILITARY RECORD

Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

Start date: \_\_\_\_\_ Separation date: \_\_\_\_\_

Branch: \_\_\_\_\_ Highest rank achieved: \_\_\_\_\_

Duties/Training: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ Date of discharge: \_\_\_\_\_

Are you now a member of the Reserves?  Yes  No

What branch? \_\_\_\_\_  Active  Inactive

Area of training \_\_\_\_\_

If you were ever disciplined while in military service, please explain circumstances in detail. List dates, nature of offense(s), type of court-martial or company punishment, whichever is applicable, and disposition of charges. Show any and all fines, restrictions and confinement in detail. (This includes Article 15.)

Offense	Type of punishment	Disposition of charge	Fine, restrictions and confinement

# EMPLOYMENT HISTORY

List chronologically **all** employment, including summer and part-time:

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Employer	Address	City	State	Zip
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Job Title (mo./yr.)	Supervisor's Name	No. Supervised By You	Date Employed
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Salary	Reason For Leaving	Date Separated (mo./yr.)
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Full Time

Part Time

May we contact employer?  Yes  No

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Employer	Address	City	State	Zip
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Job Title	Supervisor's Name	No. Supervised By You	Date Employed (mo./yr.)
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Salary	Reason For Leaving	Date Separated (mo./yr.)
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Full Time

Part Time

May we contact employer?  Yes  No

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Employer	Address	City	State	Zip
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Job Title	Supervisor's Name	No. Supervised By You	Date Employed (mo./yr.)
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Salary	Reason For Leaving	Date Separated (mo./yr.)
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Full Time

Part Time

May we contact employer?  Yes  No

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY CONTINUED**

Employer	Address	City	State	Zip
Job Title	Supervisor's Name	No. Supervised By You	Date Employed (mo./yr.)	
Salary	Reason For Leaving		Date Separated (mo./yr.)	

Full Time  Duties: \_\_\_\_\_  
Part Time  \_\_\_\_\_  
May we contact employer?  Yes  No \_\_\_\_\_

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Have you ever been dismissed, asked to resign, or resigned pending disciplinary action from any employment or position you have held?  Yes  No

Employer	Date
Reason	

List below every Civil Service competitive examination you have taken. If none, please state.

<u>Agency</u>	<u>Date of exam</u>	<u>List</u>	<u>Position</u>	<u>Status</u>

Are you now on any eligibility list?  Yes  No If yes, please list:  
\_\_\_\_\_

## RESIDENCES

1. Present Address: \_\_\_\_\_  
Number and Street City State Zip

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Mailing address: \_\_\_\_\_  
Number and Street City State Zip

1. List chronologically **all** of your residences for the past **10** years (include addresses while attending school if away from home).

Dates		Apt #	Street address	City	State	Zip
From	To					

## REFERENCES

Give four (4) references (not relatives or social acquaintances) who are responsible adults of reputable standing in their communities, such as householders, property owners, business or professional men or women, etc., who have known you well during the past five (5) years.

(a) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

(b) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

**REFERENCES CONTINUED**

(c) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

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(d) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

**SOCIAL ACQUAINTANCES**

Give four (4) social acquaintances/peers (must be different than those listed as references).

(a) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

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(b) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

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(c) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

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(d) Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Number City State Zip

Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ # Yrs. Acq.: \_\_\_\_\_

# COURT RECORD

1. Have you ever been arrested, detained, or charged with **any** violation including traffic tickets but not parking tickets?  Yes  No

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_ Details: \_\_\_\_\_

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Date: \_\_\_\_\_ Place: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_ Details: \_\_\_\_\_

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Date: \_\_\_\_\_ Place: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_ Details: \_\_\_\_\_

2. Has any member of your immediate family or close relative (including in-laws) ever been arrested for anything other than traffic violations?  Yes  No

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

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Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

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Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

3. Have you ever been a party to any civil, quasi-criminal, or chancery action in County, Circuit, or Chancery Court?  Yes  No

Date: \_\_\_\_\_ Court: \_\_\_\_\_ Parties involved: \_\_\_\_\_

Nature of action: \_\_\_\_\_ Final disposition: \_\_\_\_\_

**COURT RECORD CONTINUED**

Date: \_\_\_\_\_ Court: \_\_\_\_\_ Parties involved: \_\_\_\_\_

Nature of action: \_\_\_\_\_ Final disposition: \_\_\_\_\_

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Date: \_\_\_\_\_ Court: \_\_\_\_\_ Parties involved: \_\_\_\_\_

Nature of action: \_\_\_\_\_ Final disposition: \_\_\_\_\_

4. Have you ever used any of the following except as legally prescribed by a licensed physician?

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cocaine                                   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Depressants                               |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hallucinogens (Example: LSD, PCP, etc.)   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Marijuana                                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Narcotics (example: heroin, dilaudid)     |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prescription drugs without a prescription |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Steroids                                  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any drug(s) intravenously                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any other _____                           |

If yes, explain nature of use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever been involved in any illegal purchase, possession with intent to distribute, or sale of any of the above in Question #4?  Yes  No

If yes, please explain: \_\_\_\_\_

6. Has your use of alcoholic beverages (such as liquor, beer, and wine) ever resulted in the loss of a job or arrest by police?  Yes  No

If yes, please explain: \_\_\_\_\_

7. Are you now, or have you ever been a member of the Communist Party, U.S.A., or any communist or fascist organization?  Yes  No

8. Can you operate a motor vehicle?  Yes  No

9. Do you possess a valid operator's license from the state of Mississippi?  Yes  No

License#: \_\_\_\_\_ Year Issued: \_\_\_\_\_

**COURT RECORD CONTINUED**

10. Did you ever possess an operator's license issued by any state other than Mississippi?

Yes  No State & license #: \_\_\_\_\_

11. Was your license ever suspended or revoked?  Yes  No If yes, give the state and reason: \_\_\_\_\_

12. Was your license restored?  Yes  No When? \_\_\_\_\_

13. Have you ever been refused an operator's license by any state?  Yes  No  
If yes, give details: \_\_\_\_\_

14. Have you ever been involved in a motor vehicle accident?  Yes  No  
If yes, give complete details for each accident: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_

Injury or Non-Injury: \_\_\_\_\_

Who was legally at fault? \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_

Injury or Non-Injury: \_\_\_\_\_

Who was legally at fault? \_\_\_\_\_

**CREDIT REPORT**

You must answer each question **completely**. This includes full name, full address (street number, street name, city, state, zip code), full account number, etc.

1. Name, address, and account number of your bank(s):

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

**CREDIT REPORT CONTINUED**

2. Automobile: Make: \_\_\_\_\_ Year: \_\_\_\_\_

Fully paid?  Yes  No If no, balance due: \_\_\_\_\_

Lien holder: \_\_\_\_\_  
Name Street Address City State Zip

Account #: \_\_\_\_\_

3. Name and address of landlord or mortgage holder:

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

Monthly rent/mortgage payment: \$ \_\_\_\_\_ Mortgage account #: \_\_\_\_\_

4. List firms with which you have, or have had, charge accounts. (finance co., credit cards, etc.)

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Amount \$: \_\_\_\_\_ Account #: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

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Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Amount \$: \_\_\_\_\_ Account #: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

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Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Amount \$: \_\_\_\_\_ Account #: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

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Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Amount \$: \_\_\_\_\_ Account #: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

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5. Have you ever declared bankruptcy?  Yes  No

If yes, explain: \_\_\_\_\_

# RELATIVES

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former spouse. Even though a relative is deceased, give all information requested, and indicate last residence and year of death. Include stepbrothers and sisters, half-brothers and sisters, and if you or your spouse has stepparents, legal guardians or others who have reared you instead of your parents, the requested information should be furnished concerning them as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included regarding your future husband or wife and future in-laws, and show clearly that relationship is contemplated.

Complete name (no initials) and address

Occupation

## A. FATHER

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Age      Place of Birth

\_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Employer's Address

## B. MOTHER

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Age      Place of Birth

\_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Employer's Address

## C. SPOUSE

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Age      Place of Birth

\_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Employer's Address

## D. CHILDREN

a) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Age      Place of Birth

\_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Employer's Address

b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Age      Place of Birth

\_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Employer's Address

## E. BROTHERS

a) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Age      Place of Birth

\_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Employer's Address

b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Age      Place of Birth

\_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Employer's Address

**RELATIVES CONTINUED**

**F. SISTERS**

a) \_\_\_\_\_

Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age Place of Birth

\_\_\_\_\_  
Name of Employer

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

b) \_\_\_\_\_

Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age Place of Birth

\_\_\_\_\_  
Name of Employer

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

**G. SPOUSES OF BROTHERS AND SISTERS**

a) \_\_\_\_\_

Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age Place of Birth

\_\_\_\_\_  
Name of Employer

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

b) \_\_\_\_\_

Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age Place of Birth

\_\_\_\_\_  
Name of Employer

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

**H. FATHER-IN-LAW**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age Place of Birth

\_\_\_\_\_  
Name of Employer

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

**I. MOTHER-IN-LAW**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age Place of Birth

\_\_\_\_\_  
Name of Employer

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

**J. BROTHERS AND SISTERS OF YOUR SPOUSE**

a) \_\_\_\_\_

Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age Place of Birth

c) \_\_\_\_\_

Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age Place of Birth

b) \_\_\_\_\_

Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age Place of Birth

d) \_\_\_\_\_

Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age

# CERTIFICATION

## PLEASE READ CAREFULLY

The City of Biloxi is an Equal Opportunity Employer and does not discriminate on the basis of sex, race, creed, religion, age, or handicap.

I certify that all information provided on this application is true, complete, and correct to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or in the event of employment, grounds for discharge.

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures set forth by the City of Biloxi and its departments. The position for which I may be selected shall be evaluated for approximately one (1) year during which period, the position may be abolished or my employment may be terminated at the sole discretion of the Mayor. Notwithstanding the preceding sentence, the term of employment for all employees shall be in accord with all applicable laws, rules and regulations.

I understand that as a condition of employment, I will be required to undergo a physical examination, which includes drug/alcohol screening. I also understand and agree that, if employed, I may be requested to submit to a drug/alcohol screening on a routine or neutral selection basis at any time following thirty (30) days after the City of Biloxi receives the results of such pre-employment drug/alcohol tests.

I understand that after my employment commences with the City of Biloxi, I may be required to submit to drug/alcohol screening if there is a reasonable suspicion that I have utilized alcohol or controlled substances in a manner prohibited by the City of Biloxi's Drug and Alcohol Free Workplace Policy.

I hereby consent to having the results of all drug and/or alcohol screening/testing disclosed to the City of Biloxi. I also understand that any refusal to consent to such screening/testing is justification for refusal of employment, or in the event of employment, grounds for discharge.

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Print Name

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Date Completed

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Signature in Full

**POLYGRAPH/VOICE STRESS ANALYSIS EXAMINATION**

The undersigned applicant understands and agrees to voluntarily submit to an examination by a professional polygraphist or a police investigator trained in voice stress analysis prior to being accepted for employment with the City of Biloxi.

The undersigned person also understands and agrees that he or she will voluntarily submit to examination by polygraph and/or voice stress analysis at any time during their employment with the City of Biloxi.

The undersigned person also understands and agrees that the results of any such examination given will **ONLY** be considered for administrative or Police Department purposes relating to their employment with the City of Biloxi.

The undersigned person further agrees and understands to release, absolve and forever hold harmless the City of Biloxi, its officers, agents and employees and the professionals conducting the examinations, from liability resulting from the operation of the equipment or use of the result obtained therefrom. This also applies to any and all suits, actions, or causes of actions at law, claim, demand, or liability which the undersigned, his or her successors, assigns, heirs, executors, or administrators have now or may ever have resulting directly, indirectly, or remotely from the undersigned person having taken said polygraph examination.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

**BILOXI POLICE AND FIRE DEPARTMENTS**

**ALL APPLICANTS**  
Attach an unmounted  
full-face photograph of  
yourself, approx.  
2-1/2 x 2-1/2 inches.  
**APPLICATION WILL NOT BE  
ACCEPTED WITHOUT  
PHOTOGRAPH.**

ALL RECORDS SUBMITTED BECOME THE  
PROPERTY OF THE CITY OF BILOXI

I understand that any appointment tendered  
me will be contingent upon the results of a  
complete character and fitness investigation  
and I am aware that willfully withholding  
information or making false statements on this  
application will be the basis for dismissal from  
the City of Biloxi and I agree to these  
conditions.

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

**APPLICANT'S AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Personally came and appeared before me, the undersigned authority in and for said  
county and state, the within named \_\_\_\_\_ who, being by me first  
duly sworn, states upon his/her oath that the matters and things set forth in the above  
and foregoing application for employment are true and correct as therein stated.

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

## CITY OF BILOXI AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

Read the following release form carefully and enter your signature, current address, telephone number, date of birth, social security number, and the date in the designated space. **This form must be notarized.**

### TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Biloxi Department of Police and/or Fire. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Biloxi Department of Police and/or Fire bearing this release to obtain any information in your file pertaining to my employment records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof concerning myself, by and to any duly authorized agent of the Biloxi Department of Police and/or Fire, whether such records are of public, private, investigative, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life. This authorization is for the specific purpose of pursuing a background investigation that may provide pertinent data for the Biloxi Department of Police and/or Fire to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me: work record, background and reputation, military service records, educational records, financial status, criminal history record including any arrest records, any information contained in investigation files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph or CVSA examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of the organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Biloxi Department of Police and/or Fire regardless of any agreement I may have made with you previously to the contrary. The Public Safety organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Biloxi Department of Police and/or Fire acceptance and processing of my application for employment, I agree to hold the Biloxi Department of Police and/or Fire, its agents and employees harmless from any and all claims and liability associated with my application for employment or in anyway connected with the decision whether or not to employ me with the Biloxi Department of Police and/or Fire. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive these rights with the understanding that information furnished will be used by the Biloxi Department of Police and/or Fire in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of two years from the date of my signature.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fee, arising out of or by reason of complying with this request.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_

**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named \_\_\_\_\_ who acknowledged to me that he/she signed and delivered the above foregoing waiver on the date therein mentioned and for the purpose therein expressed. Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

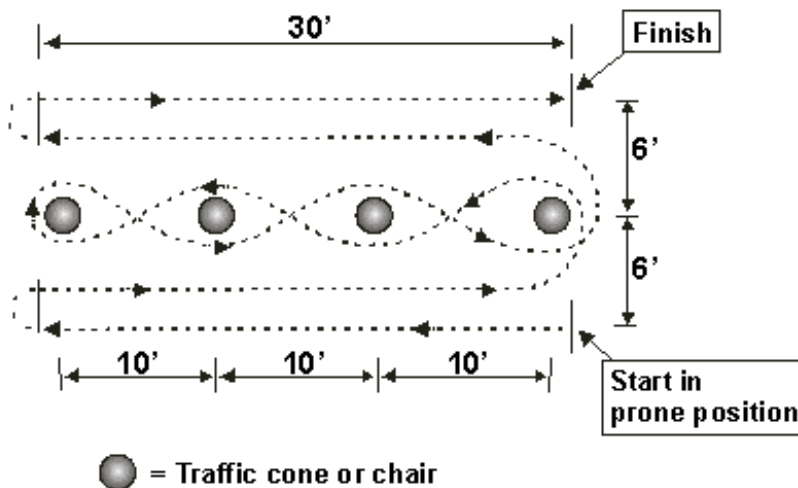
My commission expires:  
\_\_\_\_\_

## BILOXI POLICE DEPARTMENT ENTRANCE EXAMINATION PHYSICAL AGILITY TEST

The candidate shall be required to successfully complete all five (5) of the below listed items:

### Event I is the "Agility Run".

1. Candidate starts to the left of the cones in a **prone position** (as with a push-up start), chest, hips, thighs on the ground, toes curled under **with the fingertips and chest** (at the nipple-line) on the starting line.
2. "Ready-go" command, Watch starts on go
3. Candidate pushes up, sprints to opposite end line. Foot must break the plane of the line. Candidate returns to the start line, makes a turn around the start line cone, then weaves a figure eight down the four cones and weaves back to the start line cone. After running around the start line cone, the candidate makes yet another turn and sprints back to the far line, returning directly to the start line cone
4. Clock stops when any part of the candidate's body crosses the line. Time is recorded to the nearest 1/10th second.
5. The test consists of two parallel lines 30' apart. With two end cones centered on each end line and two more centered one each 10 feet from each end line.
6. Each candidate is allowed **two (2) attempts** at the run to record his or her best time. There will be at least a one minute rest between attempts. Any mistake will result in a restart. In each of the two attempts, the candidate is **allowed two (2) mistakes**. **Upon the third mistake, no time will be recorded for the event, resulting in a failure of this event.**
7. **THIS TEST SHALL BE COMPLETED ONLY IN COURT/TENNIS OR CROSS TRAINING TYPE SHOES AND NOT IN RUNNING SHOES DUE TO SAFETY RELATED CONCERNS FOR LATERAL STABILITY.**



**A CANDIDATE'S SHALL COMPLETE THIS EVENT IN TWENTY AND NINE TENTHS OF A SECOND (21.00 SECONDS)**

**Event II is the "Trunk Flexion".** This event will be aided by a box measuring eight inches (8") high, twelve inches (12") wide, and twenty-four inches (24") in length. Affixed to the box will be a standard yardstick, perpendicularly bisecting the box lengthwise. The yardstick's vertical positioning on the box is to be so that the fifteen inch (15") mark is measuring from the leading edge to the trailing edge of the box. A movable slide marker will be attached to the ruler. A mark is then placed four inches (4") laterally to the right and left of the ruler, on the leading edge of the box. In an upright sitting position and with both knees in full contact with the ground, the

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**BILOXI POLICE DEPARTMENT ENTRANCE EXAMINATION PHYSICAL AGILITY TEST CONTINUED**

candidate is to place both feet flush against the leading edge of the box on the two points that offset the ruler's point of origin. The candidate is to place one hand on top of his or her other hand, both faced down, in such a state that no finger extends past the matching finger on the other hand. While maintaining the prescribed body positions above, the candidate is to slowly lean towards the box, keeping his or her shoulders on an imaginary non-rotating plane parallel to the box, and slide the marker as far forward as his or her fingertips will allow. At no time will the fingertips be allowed to lose contact with the marker. The measurement will be taken from the leading edge of the marker. The candidate will have three (3) attempts to achieve his or her best score.

**A CANDIDATE SHALL SCORE A MINIMUM MEASUREMENT OF TEN INCHES (10") IN THIS EVENT.**

**Event III is the "Push-Up" test.** The push-ups are done in a two (2) minute time period. The proper push-up position and form for the candidate is hands on the ground, feet together and arms fully extended. No other part of the body may touch the ground. The candidate shall commence in the exercise by placing his or her chest on the instructor's fist or a four inch (4") foam block. The candidate may rest during the two (2) minutes in the up position only, he or she may arch their back up or down, but must resume a proper push-up position before continuing with the exercise. Feet must stay within body width. Back must stay straight. Elbows must be fully extended at up position. Chest (not clothing only) must touch fist or block in down position. Lying on floor between or during pushups is not allowed. The instructor may inform the candidate when the time remaining reaches the one minute mark and the thirty (30) second mark. Push-up must be completed fully and properly to count. If any of the above rules are not followed by a candidate, the instructor will terminate the exercise and grant the previously completed number of pushups to the candidate.

**THE CANDIDATE SHALL COMPLETE 28 PUSH-UPS, MEETING THE ABOVE PROTOCOL.**

**Event IV is the "Sit-Up" test.** The sit-ups are done in a two (2) minute time period. Candidate lies on ground, and bends knees at 90-degree angle, putting feet flat on floor. Fingers of hands are interlaced and placed behind head or arms crossed at the upper chest. (Which ever method is used that must be used throughout the test) Neck is to remain neutral (not pulled forward) during sit-ups. Partner anchors feet. Candidate may rest in the up position only. Start in down position. Candidate touches elbows to knees and returns to down position to complete one sit-up. Shoulders must touch the floor in the down position. Candidate must keep all fingers interlaced and touching the back of the head throughout sit-up or keep crossed arms in contact with the upper chest. Candidate may not lift buttocks off floor during sit-up. Elbows must touch knees. Crunches are not allowed and will not be counted.

**THE CANDIDATE WILL PERFORM TWENTY- FIVE (25) BENT KNEE SIT UPS, MEETING THE ABOVE PROTOCOL**

**Event V is the "1.5 Mile Run".** Candidates will run a measured one and a half (1½) mile course. The 1.5 mile run is administered on a track or relatively flat measured course. The one and a half (1½) mile run may only be attempted once by each candidate.

**THE CANDIDATE SHALL COMPLETE THIS EVENT IN 15 MINUTES 30 SECONDS (15:30).**

I, \_\_\_\_\_ do hereby certify that I have received a copy of the physical agility requirements for the entrance examination for police officer in the Police Department of the City of Biloxi. Furthermore, my signature on this form certifies that I fully understand that failure to complete any one (1) of the listed items disqualifies me from the competition and further consideration for a position as police officer at this time.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**BILOXI POLICE DEPARTMENT ENTRANCE EXAMINATION PHYSICAL AGILITY TEST**

## BILOXI FIRE DEPARTMENT BILOXI PHYSICAL ABILITY TEST

The candidate shall be required to successfully complete the Biloxi Physical Ability Test (BPAT) as listed below in the required time of ten (10) minutes and twenty (20) seconds.

The candidate shall wear a 50 lb vest, work gloves, and hard-hat (all provided) during the Biloxi Physical Ability Test.

The **Biloxi Physical Ability Test** consists of the following eight (8) events:

1. **Stair Climb** – 3 min. & 20 sec. with an additional 25 lbs added to the vest.
2. **Hose Drag** – drag a 200' 1 3/4" hose seventy-five feet (75') to a preposition drum, make a 90 degree turn around the drum and continue twenty-five feet (25') to a box, drop to one (1) knee and pull the hose until a fifty foot (50') mark crosses the line.
3. **Equipment Carry** – remove two (2) saws from the tool cabinet and carry them seventy-five feet (75'), around a drum and back.
4. **Ladder Raise and Extension** – raise and lower one ladder by hand over hand method, extend and lower the other by the halyard.
5. **Forcible Entry** – using a 10 lb sledgehammer and striking a measuring device in the target area until the buzzer signal is activated.
6. **Search** – crawl through a tunnel maze that is approximately three feet (3') high, four feet (4') wide and sixty-four feet (64') in length with two (2) 90-degree turns.
7. **Rescue** – drag a 165 lb mannequin by the handles around a drum thirty-five feet (35') away and back.
8. **Ceiling Breach and Pull** – using a Pike Pole (provided) you will push a weighted hinged door up three (3) times, then move the Pike Pole to a ceiling device and pull down five (5) times. You must complete four (4) sets (three (3) push and five (5) pulls) for this event.

All candidates shall be required to attend a **Biloxi Physical Ability Test** orientation class. The class will be held at least eight (8) weeks before the **Biloxi Physical Ability Test** date and all eligible candidates will be notified of the date, time and location. All candidates who attend this class will receive a copy of the **Biloxi Physical Ability Test** Preparation Guide. This guide shall be returned to the Biloxi Fire Department the day of the **Biloxi Physical Ability Test**.

I, \_\_\_\_\_ do hereby certify that I have received a copy of the Biloxi Physical Ability Test for the entrance examination for firefighter in the Fire Department of the City of Biloxi. Furthermore, my signature on this form certifies that I fully understand that failure to complete the above in the required time would disqualifies me from the competition and further consideration for a position as fire fighter at this time.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

# OVERVIEW OF SALARY AND BENEFITS OFFERED

**PATROL OFFICER:**                      **Salary \$36,193.00**        MUST BE 21 YEARS OF AGE.  
Performs general duty police work in the protection of life and property through the enforcement of laws and ordinances and related work as required.

**FIREFIGHTER:**                        **Salary \$36,193.00**        MUST BE 18 YEARS OF AGE.  
Performs general fire and related duties in the protection of life and property through the prevention and suppression of fire and related work as required.

**\*Annual or Vacation Leave**

Annual Leave is earned and accumulated upon completion of one month of continuous service. Each full-time permanent and appointed employee of the City of Biloxi shall earn annual leave as follows:

1 month to 3 years . . . . .	18 days per year
37 months to 8 years . . . . .	21 days per year
97 months to 15 years . . . . .	24 days per year
Over 15 years . . . . .	27 days per year

**\*Sick Leave**

All full time employees accumulate 6.5 hours of sick leave per month beginning upon completion of two months of service.

**\*Medical** (including vision) and, Dental Insurance paid for the employee and their dependents. When an employee, (working 30 hours a week or more), has satisfied three months of service, coverage will begin on the first day of the employee's fourth month.

**\*Life/AD&D Insurance** (for an employee working 30 hours a week or more):  
\$25,000.00 life insurance which includes Accidental Death and Dismemberment for employee, \$5,000.00 for spouse, and \$5,000.00 for children over six (6) months old.

**\*Up to twelve (12) paid holidays per year if scheduled to work:**

New Year's Day	Labor Day
Great American's Day	Veterans Day
Mardi Gras Day	Thanksgiving Day
Good Friday	Friday after Thanksgiving
Memorial Day	Christmas Eve
Fourth of July	Christmas Day

**\*Retirement** (Public Employee's Retirement System of MS)

**\*Civil Service**

**\*Educational Incentive Pay**

Full-time employees with at least one year of full-time service with the City may be entitled to education benefit pay, upon application on their one year anniversary date:

1. Associate Degree or the equivalent of at least 64 semester hours of credits. . \$ 50.00/mo.
2. Bachelors Degree . . . . . \$100.00/mo.
3. Masters Degree . . . . . \$150.00/mo.
4. Doctorate or Juris Doctorate Degree..... \$200.00/mo.

**\*Tuition Assistance (Full time employee)**

**\*Longevity Pay (Full time employee)**

**\*Take Home Car**

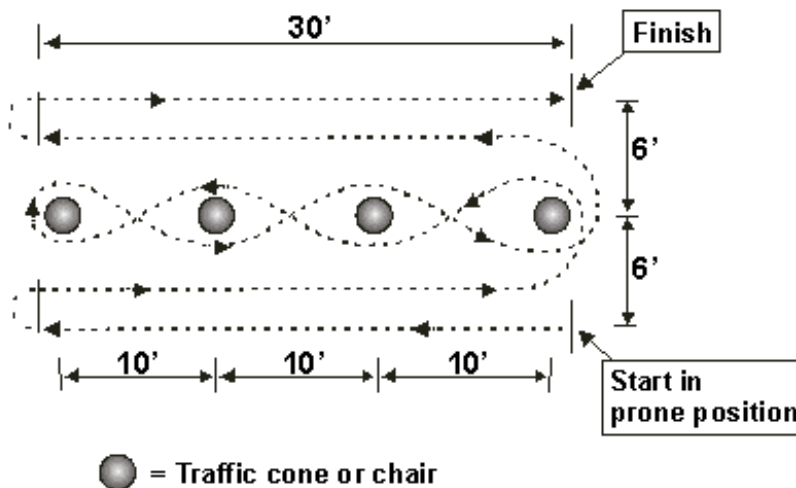
After one year of full-time service, police officers may be entitled to be assigned a take home car. The officer must live within the City Limits.

## BILOXI POLICE DEPARTMENT ENTRANCE EXAMINATION PHYSICAL AGILITY TEST

The candidate shall be required to successfully complete all five (5) of the below listed items:

### Event I is the "Agility Run".

8. Candidate starts to the left of the cones in a **prone position** (as with a push-up start), chest, hips, thighs on the ground, toes curled under **with the fingertips and chest** (at the nipple-line) on the starting line.
9. "Ready-go" command, Watch starts on go
10. Candidate pushes up, sprints to opposite end line. Foot must break the plane of the line. Candidate returns to the start line, makes a turn around the start line cone, then weaves a figure eight down the four cones and weaves back to the start line cone. After running around the start line cone, the candidate makes yet another turn and sprints back to the far line, returning directly to the start line cone
11. Clock stops when any part of the candidate's body crosses the line. Time is recorded to the nearest 1/10th second.
12. The test consists of two parallel lines 30' apart. With two end cones centered on each end line and two more centered one each 10 feet from each end line.
13. Each candidate is allowed **two (2) attempts** at the run to record his or her best time. There will be at least a one minute rest between attempts. Any mistake will result in a restart. In each of the two attempts, the candidate is **allowed two (2) mistakes**. **Upon the third mistake, no time will be recorded for the event, resulting in a failure of this event.**
14. **THIS TEST SHALL BE COMPLETED ONLY IN COURT/TENNIS OR CROSS TRAINING TYPE SHOES AND NOT IN RUNNING SHOES DUE TO SAFETY RELATED CONCERNS FOR LATERAL STABILITY.**



**A CANDIDATE'S SHALL COMPLETE THIS EVENT IN TWENTY AND NINE TENTHS OF A SECOND (21.00 SECONDS)**

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**BILOXI POLICE DEPARTMENT ENTRANCE EXAMINATION PHYSICAL AGILITY TEST CONTINUED**

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SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**BILOXI POLICE DEPARTMENT ENTRANCE EXAMINATION PHYSICAL AGILITY TEST**

# **APPLICANTS COPY**

## BILOXI FIRE DEPARTMENT BILOXI PHYSICAL ABILITY TEST

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# APPLICANTS COPY