APPLICATION FOR EMPLOYMENT – PUBLIC SAFETY DEPARTMENTS

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

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.

All applicants must attach items 1 through 8.

☐ 1. A recent picture of yourself (page 17).
☐ 2. A photocopy of your Birth 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.
☐ 7. If naturalized citizen, provide proof for verification to Human Resources of Naturalization papers.
☐ 8. A photocopy of your driver’s license.

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.

REVISED 02/2019
PERSONAL INFORMATION

(PLEASE PRINT)

DATE: __________________

POSITION APPLIED FOR:

- □ Full Time
- □ Part Time
- □ Patrol Officer
- □ Firefighter
- □ Administration
- □ Communications
- □ Clerical
- □ Other

City of Biloxi
Human Resources
P.O. Box 429
135 Main St. Suite 301
Biloxi, MS 39533
(228) 435-6259
http://biloxi.ms.us

Full Name:

First ___________________ Middle ___________________ Last ___________________

Give any names you have used or been known by, including maiden name of female applicants, and attach under what circumstances these names were used.

________________________________________________________________________________

Social Security #: ___________________ Driver’s License #: ___________________

Address: ___________________________ ___________________________

Number ___________________________ Street ___________________________

City __________________ State ___________ Zip ___________

Phone Number: Primary (_____) Number (_____) Business (_____) Number (_____)

Other: (_____) Area Number Email: ___________________________

Area Number

Weight __________ lbs. Height _____ Feet _____ Inches

Date/Place of Birth: ___________________________

Date City State County

Marital Status: ___________________________

Are you a resident of Mississippi? □ Yes □ No For how long? ___________

Are you a citizen of the United States? □ Yes □ No For how long? ___________

If you have been naturalized: Date: __________ Certificate #: ___________________

Are you a registered voter? □ Yes □ No

If yes, give county and state: __________________________

2
**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: ________________

<table>
<thead>
<tr>
<th>Name of high school</th>
<th>Location (mailing address)</th>
<th>Dates</th>
<th>Special course(s) pursued</th>
<th>Date diploma received</th>
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<thead>
<tr>
<th>Name/mailing address of college or univ. attended</th>
<th>Credits received</th>
<th>Field of study</th>
<th>Dates attended</th>
<th>Type of degree and date obtained</th>
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<td>QTR.</td>
<td>SEM.</td>
<td>Maj./Hrs</td>
<td>Minor/Hrs</td>
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<tr>
<td>Undergraduate</td>
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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.)

<table>
<thead>
<tr>
<th>Offense</th>
<th>Type of punishment</th>
<th>Disposition of charge</th>
<th>Fine, restrictions and confinement</th>
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</table>
# EMPLOYMENT HISTORY

List all employment, including summer and part-time: (beginning with current employer)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<th>Phone No.</th>
<th>Email</th>
<th>Salary</th>
<th>Date Employed (mo./yr.)</th>
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<tr>
<th>Job Title</th>
<th>Supervisor’s Name</th>
<th>Reason For Leaving</th>
<th>Date Separated (mo./yr.)</th>
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**Full Time □**

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**Part Time □**

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**Part Time □**

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EMPLOYMENT HISTORY CONTINUED

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<th>Reason For Leave</th>
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Full Time □ Part Time □

Duties: __________________________________________

________________________________

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

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Reason

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

<table>
<thead>
<tr>
<th>Agency</th>
<th>Date of exam</th>
<th>Position</th>
<th>Pass/Fail</th>
<th>Status</th>
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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).

<table>
<thead>
<tr>
<th>Dates</th>
<th>Apt #</th>
<th>Street address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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REFERENCES

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

(a) Complete Name: ___________________________________________________________
   Occupation:______________________________________________________________
   Address: _________________________________________________________________
   Street Number       City         State         Zip
   Home Phone: _________
   Business:____________ Bus. Phone: _____________ # Yrs. Acq.: ____________
   Email:__________________________

(b) Complete Name: ___________________________________________________________
   Occupation:______________________________________________________________
   Address: _________________________________________________________________
   Street Number       City         State         Zip
   Home Phone: _________
   Business:____________ Bus. Phone: _____________ # Yrs. Acq.: ____________
   Email:__________________________
REFERENCES CONTINUED

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<tr>
<th>(c) Complete Name:</th>
<th>Occupation:</th>
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<td>Address:</td>
<td>Home Phone:</td>
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<td>Street Number</td>
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SOCIAL ACQUAINTANCES

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

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<th>(a) Complete Name:</th>
<th>Occupation:</th>
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<th>Occupation:</th>
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</table>
1. Have you ever been convicted with any violation including traffic tickets but not parking tickets? □ Yes □ No

   Date: ___________ Place: ________________ Charge: ______________________________
   Disposition: ___________________ Details: _______________________________________

   Date: ___________ Place: ________________ Charge: ______________________________
   Disposition: ___________________ Details: _______________________________________

   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: ___________________________________________________________

   Name: _____________________ Relation: ______________________ Date: __________
   Place: _____________________ Charge: ______________________________
   Disposition: ___________________________________________________________

   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: ______________________

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?

☐ Yes  ☐ No  Cocaine
☐ Yes  ☐ No  Depressants
☐ Yes  ☐ No  Hallucinogens (Example: LSD, PCP, Bath Salts, Spice, etc.)
☐ Yes  ☐ No  Marijuana
☐ Yes  ☐ No  Narcotics (example: heroin, dilaudid)
☐ Yes  ☐ No  Prescription drugs without a prescription
☐ Yes  ☐ No  Steroids
☐ Yes  ☐ No  Any drug(s) intravenously
☐ Yes  ☐ No  Any other ________________________________

If yes, explain nature of use and date 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 of 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: ___________________________
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), etc.

1. Name and address of your bank(s):
   __________________________________________
   __________________________________________
   __________________________________________

11
2. Automobile: Make: ____________________________   Year: __________________________

Fully paid? □ Yes  □ No  If no, balance due: ______________________________________

Lien holder:

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<tr>
<th>Name</th>
<th>Street Address</th>
<th>City</th>
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3. Name and address of landlord or mortgage holder:

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<th>Name</th>
<th>Street Address</th>
<th>City</th>
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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 $: __________________________ Purpose: _________________________________

   Date opened: __________________________ Date closed: __________________________

   Firm: ____________________________ Address: ____________________________________

   Amount $: __________________________ Purpose: _________________________________

   Date opened: __________________________ Date closed: __________________________

   Firm: ____________________________ Address: ____________________________________

   Amount $: __________________________ Purpose: _________________________________

   Date opened: __________________________ Date closed: __________________________

   Firm: ____________________________ Address: ____________________________________

   Amount $: __________________________ Purpose: _________________________________

   Date opened: __________________________ Date closed: __________________________

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
A. FATHER

Name .................................................................................................................................

Address ............................................................................................................................

Age .......................................................... Place of Birth

B. MOTHER

Name .................................................................................................................................

Address ............................................................................................................................

Age .......................................................... Place of Birth

C. SPOUSE

Name .................................................................................................................................

Address ............................................................................................................................

Age .......................................................... Place of Birth

D. CHILDREN

a) Name ............................................................................................................................

Address ............................................................................................................................

Age .......................................................... Place of Birth

b) Name ............................................................................................................................

Address ............................................................................................................................

Age .......................................................... Place of Birth

E. BROTHERS

a) Name ............................................................................................................................

Address ............................................................................................................................

Age .......................................................... Place of Birth

b) Name ............................................................................................................................

Address ............................................................................................................................

Age .......................................................... Place of Birth
## RELATIVES CONTINUED

### F. SISTERS

- **a)**
  - **Name**
  - **Address**
  - **Age**
  - **Place of Birth**

- **b)**
  - **Name**
  - **Address**
  - **Age**
  - **Place of Birth**

### G. SPOUSES OF BROTHERS AND SISTERS

- **a)**
  - **Name**
  - **Address**
  - **Age**
  - **Place of Birth**

- **b)**
  - **Name**
  - **Address**
  - **Age**
  - **Place of Birth**

### H. FATHER-IN-LAW

- **Name**
- **Address**
- **Age**
- **Place of Birth**

### I. MOTHER-IN-LAW

- **Name**
- **Address**
- **Age**
- **Place of Birth**

### J. BROTHERS AND SISTERS OF YOUR SPOUSE

- **a)**
  - **Name**
  - **Address**
  - **Age**
  - **Place of Birth**

- **b)**
  - **Name**
  - **Address**
  - **Age**
  - **Place of Birth**

- **c)**
  - **Name**
  - **Address**
  - **Age**
  - **Place of Birth**

- **d)**
  - **Name**
  - **Address**
  - **Age**
  - **Place of Birth**
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.

____________________________________
Print Name

__________________________________
Date Completed

__________________________________
Signature in Full
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 ___________________________
ALL RECORDS SUBMITTED BECOME THE PROPERTY OF THE CITY OF BILOXI

I understand that any appointment tendered to 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: __________________________________________________________

Email: _________________________________________________________________

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:

______________________________

REVISED 02/2019
BILOXI POLICE DEPARTMENT ENTRANCE EXAMINATION PHYSICAL AGILITY TEST

The candidate shall be required to successfully complete all four (4) 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 PER CHART BELOW (50% MINIMUM)**

<table>
<thead>
<tr>
<th>Age Groups &gt;</th>
<th>20-29</th>
<th>30-39</th>
<th>40-50+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agility Run</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(maximum allowed times for each group measured in seconds)</td>
<td>100%</td>
<td>15:90</td>
<td>17:80</td>
</tr>
<tr>
<td>(maximum allowed times for each group measured in seconds)</td>
<td>70%</td>
<td>18:60</td>
<td>21:10</td>
</tr>
<tr>
<td>(maximum allowed times for each group measured in seconds)</td>
<td>50%</td>
<td>20:40</td>
<td>23:30</td>
</tr>
</tbody>
</table>
**Event II 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 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 PER CHART BELOW, MEETING THE ABOVE PROTOCOL (50% MINIMUM).

<table>
<thead>
<tr>
<th>Age Groups &gt;</th>
<th>17-21</th>
<th>22-26</th>
<th>27-31</th>
<th>32-36</th>
<th>37-41</th>
<th>42-46</th>
<th>47-51</th>
<th>52 +</th>
</tr>
</thead>
<tbody>
<tr>
<td>Push-Ups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>(minimum required in a two minute time limit)</td>
<td>100%</td>
<td>82</td>
<td>58</td>
<td>80</td>
<td>56</td>
<td>78</td>
<td>54</td>
<td>73</td>
</tr>
<tr>
<td>70%</td>
<td>52</td>
<td>28</td>
<td>50</td>
<td>26</td>
<td>48</td>
<td>24</td>
<td>43</td>
<td>22</td>
</tr>
<tr>
<td>50%</td>
<td>32</td>
<td>13</td>
<td>30</td>
<td>11</td>
<td>28</td>
<td>10</td>
<td>23</td>
<td>9</td>
</tr>
</tbody>
</table>

**Event III 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 MUST PERFORM TWELVE (12) BENT KNEE SIT UPS, MEETING THE ABOVE PROTOCOL

**Event IV 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 PER THE FOLLOWING CHART (50% MINIMUM)

<table>
<thead>
<tr>
<th>Age Groups &gt;</th>
<th>20-29</th>
<th>30-39</th>
<th>40-50+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>1.5 Mile Run</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(maximum allowed times for each group measured in minutes)</td>
<td>100%</td>
<td>9:00</td>
<td>10:48</td>
</tr>
<tr>
<td>70%</td>
<td>14:30</td>
<td>17:18</td>
<td>15:30</td>
</tr>
<tr>
<td>50%</td>
<td>18:10</td>
<td>21:38</td>
<td>19:10</td>
</tr>
</tbody>
</table>

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: ________________________________

REVISED 02/2019
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 ¾” 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. All eligible candidates will be notified of the date, time, and location of the Biloxi Physical Ability Test. 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 (based on 8 hour days)
- **37 months to 8 years**  
  21 days per year (based on 8 hour days)
- **97 months to 15 years**  
  24 days per year (based on 8 hour days)
- **Over 15 years**  
  27 days per year (based on 8 hours days)

### Sick Leave

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

### Medical, Dental, and Vision Insurance

Medical, dental, and vision insurance available to full-time employees and their eligible dependents at a low monthly cost. When a full-time employee has satisfied 60 days of service, coverage will begin on the first day of the following month.

### Life/AD&D Insurance

One (1) times employee's base salary (minimum $25,000) which includes Accidental Death and Dismemberment for full-time employee, $5,000.00 for spouse, and $5,000.00 for children over six (6) months old of full-time employee.

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

- New Year's Day  
- Labor Day  
- Dr. Martin Luther King Jr. 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 (Full time employee)

### Educational Incentive Pay (Full time employee)

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. Bachelor's Degree  
   $100.00/mo.
3. Master's Degree  
   $150.00/mo.
4. Doctorate or Juris Doctorate Degree  
   $200.00/mo.

### Tuition Assistance (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.

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*The benefits offered do not constitute an employment agreement between the employer and the employee and is subject to change by the employer.*

---

*REVISED 02/2019*
The candidate shall be required to successfully complete all four (4) 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 PER CHART BELOW (50% MINIMUM).**

<table>
<thead>
<tr>
<th>Age Groups &gt;</th>
<th>20-29</th>
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<th>40-50+</th>
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<tr>
<td><strong>Score</strong></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td><strong>Agility Run</strong></td>
<td>100%</td>
<td>15:90</td>
<td>17:80</td>
</tr>
<tr>
<td><strong>(maximum allowed times for each group measured in seconds)</strong></td>
<td>70%</td>
<td>18:60</td>
<td>21:10</td>
</tr>
<tr>
<td><strong>50%</strong></td>
<td>20:40</td>
<td>23:30</td>
<td>20:90</td>
</tr>
</tbody>
</table>
Event II 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 PER CHART BELOW, MEETING THE ABOVE PROTOCOL (50% MINIMUM).

<table>
<thead>
<tr>
<th>Age Groups &gt;</th>
<th>17-21</th>
<th>22-26</th>
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<th>42-46</th>
<th>47-51</th>
<th>52 +</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Push-Ups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(minimum required in a two minute time limit)</td>
<td>100%</td>
<td>82</td>
<td>58</td>
<td>80</td>
<td>56</td>
<td>78</td>
<td>54</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>70%</td>
<td>52</td>
<td>28</td>
<td>50</td>
<td>26</td>
<td>48</td>
<td>24</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>50%</td>
<td>32</td>
<td>13</td>
<td>30</td>
<td>11</td>
<td>28</td>
<td>10</td>
<td>23</td>
</tr>
</tbody>
</table>

Event III 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 MUST PERFORM TWELVE (12) BENT KNEE SIT UPS, MEETING THE ABOVE PROTOCOL

Event IV 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 PER THE FOLLOWING CHART (50% MINIMUM).

<table>
<thead>
<tr>
<th>Age Groups &gt;</th>
<th>20-29</th>
<th>30-39</th>
<th>40-50+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>1.5 Mile Run</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(maximum allowed times for each group measured in minutes)</td>
<td>100%</td>
<td>9:00</td>
<td>10:48</td>
</tr>
<tr>
<td></td>
<td>70%</td>
<td>14:30</td>
<td>17:18</td>
</tr>
<tr>
<td></td>
<td>50%</td>
<td>18:10</td>
<td>21:38</td>
</tr>
</tbody>
</table>

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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 ¾” 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. All eligible candidates will be notified of the date, time and location of the Biloxi Physical Ability Test. 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.

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