

**CITY OF LONG BEACH, MISSISSIPPI
CIVIL SERVICE COMMISSION
APPLICATION FOR EMPLOYMENT**

READ THE FOLLOWING INSTRUCTIONS CAREFULLY.

You must provide all requested information. The information you provide will be used to determine your qualifications for employment. **IF YOU FAIL TO ANSWER ALL THE QUESTIONS ON YOUR APPLICATION FULLY AND ACCURATELY, YOUR APPLICATION WILL BE CONSIDERED INELIGIBLE FOR EMPLOYMENT.**

1. Complete the attached Application for Employment; type or use a black or dark blue pen. **DO NOT USE PENCIL**

2. **THE FOLLOWING DOCUMENTS MUST BE ATTACHED BEFORE RETURNING APPLICATION:**

(A) A recent un-mounted full face Photograph (passport size)

(B) A copy of your birth certificate – Minimum age for employment – (18), Police Dept. – (21)

(C) Your fingerprints – may obtain from Police/Sheriff's Department

(D) A copy of DD-214 if prior Military Service

(E) A copy of High School Diploma or GED Equivalency

(F) A copy of Driver's License

(G) A copy of Social Security Card

3. **RETURN THE APPLICATION AND THE ABOVE ITEMS TO:**

**City of Long Beach
Civil Service Commission
201 Jeff Davis Avenue
P.O. Box 929
Long Beach, MS 39560**

“The City of Long Beach is an Equal Opportunity Employer”

4. If you have a change of name, address, or telephone number after having submitted your application, notify the Civil Service Commission office in writing.

5. **APPLICATIONS THAT ARE INCOMPLETE OR NOT LEGIBLE WILL NOT BE CONSIDERED.**

6. **APPLICATIONS WITHOUT SIGNATURES OR A DATE WILL BE CONSIDERED INELIGIBLE.**

7. **APPLICATIONS REMAIN ON FILE FOR ONE YEAR.**

**** NOTE:** The Long Beach Police Department, located at 201 Alexander Rd., will complete fingerprint card and notarize your “Authorization for Release of Personal Information” from 10:00 a.m. to 4:00 p.m. daily.

**CITY OF LONG BEACH, MISSISSIPPI
CIVIL SERVICE COMMISSION
APPLICATION FOR EMPLOYMENT**

The City of Long Beach is an Equal Opportunity Employer

Date Filed (for office use only):

Position applied for: One application per position please.

<input type="checkbox"/> Clerical	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Laborer, Street/Sewer
<input type="checkbox"/> Dispatcher, Fire/Police	<input type="checkbox"/> Firefighter Recruit	<input type="checkbox"/> Vehicle Operator
<input type="checkbox"/> Electrician	<input type="checkbox"/> Police Officer Recruit	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Harbor Guard	<input type="checkbox"/> Equipment Operator	

I. Personal History

1. Name 2.
Last First MI Social Security Number

3. Address
Street/Apt No. City/State Zip Code

4. Telephone Number (Home) (Work)

5. E-mail Address

Applicants for a position of any type under Long Beach Civil Service must be a citizen of the United States and an elector of the County of Residence.

6. Are you a citizen of the United States? Yes No

7. Have you ever legally changed your name? Yes No

If yes, please provide:
Date/Place/Court

8. If you have been naturalized:
Date/Certificate Number

9. List all other names, including nick names, that you have held:

II. Education

	Name/Address of School	Graduated		Type of Degree	Grade Finished
		Yes	No		
Elementary School	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
High School	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
College/University	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Graduate/Professional	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Special Training:

Have you ever served in the United States Armed Forces? Yes No

If yes, please submit a copy of DD form 214.

III. Employment History

Please provide employment history for the past five years, beginning with the most current job, giving approximate dates when exact dates are unknown, and a brief description of primary duties.

From: To: Position Title:

Employer:

Company Name/Address/Telephone Number

Immediate Supervisor:

Salary: Reason for Leaving:

Duties:

From: To: Position Title:

Employer:

Company Name/Address/Telephone Number

Immediate Supervisor:

Salary: Reason for Leaving:

Duties:

From: To: Position Title:

Employer:

Company Name/Address/Telephone Number

Immediate Supervisor:

Salary: Reason for Leaving:

Duties:

From: To: Position Title:

Employer:

Company Name/Address/Telephone Number

Immediate Supervisor:

Salary: Reason for Leaving:

Duties:

III. Employment History (Continued)

From: To: Position Title:

Employer:

Company Name/Address/Telephone Number

Immediate Supervisor:

Salary: Reason for Leaving:

Duties:

IV. Court Record

1. Driver's License

Number/State/Expiration Date

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

If yes, give details below:

Date	Place	Charge	Final Disposition	Details
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Has your privilege to operate a motor vehicle ever been suspended or revoked? Yes No

If yes, give details below:

V. Additional Information

1. Are you related by blood or marriage to any officer or employee of the City of Long Beach or Harrison County?
 Yes No

If yes, please provide the following information:

Name	Relationship	Official Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Do you hold any political or party office? Yes No

If so, give title of position and date of election or appointment

V. Additional Information (Continued)

3. Have you ever taken an examination given by the City of Long Beach Civil Service Commission?

Yes No

If so, give the title and date of the exam.

4. Will you accept temporary employment? Yes No

5. Do you understand that if selected for appointment, you may be required to pass medical/physical exams, alcohol and drug screening tests, and that failure to meet requirements may result in being disqualified?

Yes No

6. Please provide the following information:

I am a registered voter of the County of , State of .

7. If you would like to make a statement about special qualifications, please do so in this area:

VI. References

Please give three references, not family related, known to you during the past five years.

Name	Address	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

VII. Authorization

I hereby authorize investigation of all statements contained here, and the references listed above, to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing this information. I hereby certify that all information is true to the best of my knowledge and I understand that any material misstatement of fact will cause the loss of rights of employment under the jurisdiction of the Civil Service for the City of Long Beach. I agree that this application and all papers in connection with the examination shall be confidential records of the Civil Service Commission of the City of Long Beach.

Signature

Date



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, AUTHORIZE THE RELEASE, REVIEW AND FULL DISCLOSURE OF ALL RECORDS OR ANY PART THEREOF, CONCERNING MYSELF TO ANY AUTHORIZED AGENT OF THE LONG BEACH POLICE DEPARTMENT, WHETHER THE RECORDS ARE OF A PUBLIC, PRIVATE OR CONFIDENTIAL NATURE.

THE PURPOSE OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF RECORDS OF ANY:

- EDUCATIONAL INSTITUTION
- UTILITY COMPANY
- FINANCIAL OR CREDIT INSTITUTION, TO INCLUDE RECORDS OF ANY DEPOSITORY OR SAVINGS OR CHECKING ACCOUNTS
- COMMERCIAL OR RETAIL CREDIT AGENCIES, TO INCLUDE CREDIT REPORTS AND RATINGS
- MEDICAL, PSYCHOLOGICAL AND PSYCHIATRIC REPORTS OF CONSULTATION, TREATMENT AND EVALUATION AT OR BY ANY HOSPITAL, CLINIC, PRIVATE PRACTITIONER AND THE US VETERAN'S ADMINISTRATION
- EMPLOYMENT AND PRE-EMPLOYMENT RECORDS, TO INCLUDE SALARY RECORDS, BACKGROUND REPORTS, POLYGRAPH EXAMINATIONS REPORTS AND POLYGRAPH EXAMINATIONS QUESTIONS; PRE-EMPLOYMENT AND PROMOTIONAL EXAMINATION RESULTS, EFFICIENCY RATINGS, DISCIPLINARY ACTIONS, COMPLAINTS OR GRIEVANCES FILED BY OR AGAINST ME, AND INTERNAL AFFAIRS INVESTIGATION REPORTS
- REAL AND PERSONAL PROPERTY TAX STATEMENTS AND RECORDS, AS WELL AS OTHER FINANCIAL STATEMENTS OR RECORDS WHEREVER FILED
- RECORDS OF COMPLAINTS, ARRESTS, TRIALS AND CONVICTIONS FOR ALLEGED OR ACTUAL LAW VIOLATIONS, INCLUDING CRIMINAL OR TRAFFIC RECORDS
- RECORDS OF CIVIL COMPLAINTS MADE BY OR AGAINST ME, WHEREVER LOCATED, TO INCLUDE THE RECORDS AND RECOLLECTION OF ATTORNEYS AT LAW OR OTHER COUNSEL, WHETHER REPRESENTING ME OR ANOTHER PERSON IN ANY CASE IN WHICH I HAVE EVER BEEN A PARTY OR HAD AN ARREST
- IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONAL INFORMATION AND TO RELEASE COPIES AND ABSTRACTS, HOWEVER PERSONAL OR CONFIDENTIAL THEY MAY BE OR APPEAR TO BE, AND THE SOURCES OF INFORMATION SPECIFICALLY ENUMERATED ARE NOT TO DENY ACCESS TO ANY RECORDS THAT MAY NOT SPECIFICALLY BE IDENTIFIED HEREIN
- THE REASON FOR THIS AUTHORIZATION IS TO PROVIDE FULL AND FREE ACCESS TO THE BACKGROUND INVESTIGATION THAT MAY PROVIDE PERTINENT INFORMATION FOR THE LONG BEACH POLICE DEPARTMENT, MISSISSIPPI, TO CONSIDER IN DETERMINING MY SUITABILITY FOR EMPLOYMENT
- IN THE EVENT MY APPLICATION IS DISAPPROVED, THE SOURCES OF ANY CONFIDENTIAL INFORMATION **WILL NOT BE REVEALED TO ME**. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE PERSON TO WHOM THIS REQUEST IS PRESENTED, AS WELL AS HIS OR HER AGENT AND EMPLOYEES, FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, TO INCLUDE REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST.
- THIS RELEASE FORM AND ANY PHOTOCOPY OF THIS RELEASE FORM, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE, WILL BE VALID AND SHOULD BE HONORED FOR A PERIOD OF ONE YEAR FROM THE DATE OF MY SIGNATURE.

NOTARY:

SIGNATURE

MY COMMISSION EXPIRES

SEAL

APPLICANT:

PRINTED NAME

SIGNATURE / DATE SIGNED

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

