



City of Ocean Springs Employment Application

City of Ocean Springs Human Resources and Risk Management

MAIL P.O. Box 1800, Ocean Springs, MS 39566-1800

PHONE 228-872-3338 **EMAIL** hr@oceansprings-ms.gov

FAX 228-872-0430 **WEB** www.oceansprings-ms.gov/employment

Last Name	First Name	Middle Initial
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**Check or circle ONE job/position you are applying for.
A separate Application must be submitted for each position of interest.**

- Police Officer
 Corrections Officer
 Dispatcher
 Firefighter
 Public Works Laborer
 Parks Maintenance Worker
 Youth Corps
 Camp Counselor
 Clerical
 Other (Be specific.) _____

Type of Position Preferred Full-Time Part-Time Temporary

ACKNOWLEDGMENT OF INSTRUCTIONS AND APPLICATION PROCESS

- PLEASE TYPE OR NEATLY PRINT IN BLUE OR BLACK INK.
- **The Employment Application is required even if you submit a resume. Do NOT write 'See resume.'** Your resume serves as a supplement to the Application, not a replacement. The information you provide will be used to determine your qualifications for employment. Answer all questions on the Employment Application fully and accurately.
- This Application will remain active for one year, after which time you must submit a new Application for future consideration.
- Employment Applications must be received in the City of Ocean Springs Department of Human Resources and Risk Management before 5:00 p.m. on the closing date stated on the job announcement.
- This Application, any attachments, and test papers become the property of the City of Ocean Springs ("the City") and will not be returned to the applicant.
- Possession of the minimum qualifications does not ensure that an applicant will be invited to the next phase of the process. The process may include one or more of the following: a written or computer-based test measuring the candidate's job knowledge or skills; a performance test whereby candidates demonstrate the degree of job knowledge and ability possessed; a personal interview designed to evaluate the candidate's personal characteristics, background, and job knowledge; a physical examination; a drug/alcohol screening; a background investigation at the City's expense. The process may include additional steps as deemed necessary. Civil Service rules and regulations apply to the application process.
- **HIRING AND COMPENSATION DECISIONS ARE CONTINGENT UPON THE APPROVAL OF THE CITY OF OCEAN SPRINGS BOARD OF ALDERMEN.**
- All new employees are hired on a probationary basis and, therefore, are employed 'at-will.' That is, employment may be terminated by the employer or the employee at any time with or without cause. Employees on probationary status are not covered by civil service.
- All new employees must verify identity and entitlement to work in the United States by providing required original documentation. The City participates in the Department of Homeland Security E-Verify program.
- All statements are subject to investigation and verification.

I acknowledge that I have read and understand the instructions and information listed above.

Printed Name	Signature	Date
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HOW TO SUBMIT YOUR COMPLETED EMPLOYMENT APPLICATION

Online completion of the Employment Application is NOT available. However, you may PRINT a copy of the Employment Application from our Web site at www.oceansprings-ms.gov/employment .

<i>By Mail</i> City of Ocean Springs Dept of Human Resources and Risk Management Box 1800 Ocean Springs, MS 39566-1800	<i>In Person</i> City of Ocean Springs 1016 Porter Avenue Human Resources Cottage (next to City Hall) Ocean Springs, MS
<i>By Fax</i> 228-872-0430	<i>By Email*</i> hr@oceansprings-ms.gov

*To submit your Application via email, scan the completed Application and save it as a PDF file; then attach the PDF to your email.

Due to the number of applications received, the City is unable to update applicants individually during the selection process. Only applicants of interest will be contacted.

Be sure to notify Human Resources of any change in your address or contact information.

CONTACT AND PERSONAL INFORMATION

Last Name		First Name		Middle Initial
Mailing Address				
City, State, Zip				
Email Address		Social Security Number		
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone Number		
Home Phone Number		Cell Phone Number		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Can you provide evidence, upon hire, of your eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever worked or attended school under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what name(s)?				
Are you now a resident living in the City of Ocean Springs or West Jackson County? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you understand that if you are offered and accept employment with the City of Ocean Springs, then you must live within a 50-mile radius of City Hall by the end of the six-month probationary period? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a crime or pleaded 'No Contest' to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please complete the following:				
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor (not including minor traffic violations, but including DUI/DWI)				
What Charge?			City and State	
Year				
NOTE: A conviction does not necessarily disqualify one for employment.				
Do you understand that the City of Ocean Springs requires drug/alcohol testing prior to and during employment?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

WORK EXPERIENCE

Instructions: **This information must be submitted ON THIS FORM. Do NOT write 'See resume.'** Account for the last TEN (10) years beginning with your current or most recent employer. The information will be used to determine if you meet the minimum qualifications. Omitted information cannot be considered or assumed.

Have you ever been employed by the City of Ocean Springs? Yes No If yes, complete the following:

Employed From (Month & Year)		To (Month & Year)
Department	Job Title	Reason for Leaving

May we contact your current or most recent employer? Yes No

Employed From (Month & Year)	To (Month & Year)
Your Title	Salary \$_____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Employer	Supervisor Name Supervisor Phone Number
Address of Business (Street, City, State, Zip)	
Your Duties	Reason for Leaving
Employed From (Month & Year)	To (Month & Year)
Your Title	Salary \$_____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Employer	Supervisor Name Supervisor Phone Number
Address of Business (Street, City, State, Zip)	
Your Duties	Reason for Leaving
Employed From (Month & Year)	To (Month & Year)
Your Title	Salary \$_____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Employer	Supervisor Name Supervisor Phone Number
Address of Business (Street, City, State, Zip)	
Your Duties	Reason for Leaving
Employed From (Month & Year)	To (Month & Year)
Your Title	Salary \$_____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Employer	Supervisor Name Supervisor Phone Number
Address of Business (Street, City, State, Zip)	
Your Duties	Reason for Leaving

EDUCATION, TRAINING, & LICENSURE

Did you receive a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No High School Name Street Address City, State, Zip	Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No Reference Number State Date of Issuance
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Number of Years Education COMPLETED Beyond High School (Circle one.) 1 2 3 4 5 6 7 8 9+

Name of Institution	Location of Institution
Attended From (Month & Year)	To (Month & Year)
Degree Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major
Degree Awarded (AS, BA, MBA, etc) Leave blank if not completed.	GPA

Name of Institution	Location of Institution
Attended From (Month & Year)	To (Month & Year)
Degree Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major
Degree Awarded (AS, BA, MBA, etc) Leave blank if not completed.	GPA

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Issuing State	Exp. Date
License Number	License Class/Endorsements	

Describe any additional education or training that you feel is relevant to the job for which you are applying; include licenses, certificates, & certifications. (Include type of license/registration, number and expiration date, and issuing agency).

OTHER QUALIFICATIONS/COMMENTS

State below any other qualifications which you feel may be pertinent to the position for which you are applying.

REFERENCES

Instructions: List three (3) persons you have known for at least one year. Provide current contact information. Do NOT include anyone related to you. Do NOT include any elected official of the City of Ocean Springs.	
Name	# of Years Acquainted
Business	Phone Number
Mailing Address (Street, City, State, Zip)	
Name	# of Years Acquainted
Business	Phone Number
Mailing Address (Street, City, State, Zip)	
Name	# of Years Acquainted
Business	Phone Number
Mailing Address (Street, City, State, Zip)	

HOW DID YOU LEARN OF THIS VACANCY?

<input type="checkbox"/> City Website (www.oceansprings-ms.gov)	<input type="checkbox"/> Other Website; which one?
<input type="checkbox"/> Human Resources Job Announcement	<input type="checkbox"/> Newspaper; which one?
<input type="checkbox"/> Walk-in.	
<input type="checkbox"/> Other; please explain.	

APPLICATION CERTIFICATION STATEMENT

I hereby certify that the answers given by me on this Employment Application are true and complete to the best of my knowledge and belief. I understand that any misstatement or omission of fact in this Employment Application or in any document used to obtain employment may result in rejection of this Employment Application, removal from any employment list, disqualification from future consideration for employment with the City, and/or immediate termination of employment, regardless of the time elapsed before discovery of the misstatement or omission.		
Printed Name	Signature	Date

EQUAL OPPORTUNITY

The City of Ocean Springs is an Equal Opportunity Employer. The City encourages Employment Applications from all qualified candidates without regard to race, color, national origin, ancestry, political affiliation or beliefs, religious affiliation or beliefs, sex, age, disability status, marital status, or any other status protected under local, state, or federal laws.

AUTHORIZATION TO RELEASE INFORMATION

Having made application for employment with the City of Ocean Springs, I hereby authorize the City to make inquiry of my history and records including financial, academic, military, employment, judicial, criminal, driving record, and/or personal references.

I further authorize the release of all such information to the City, and I agree that such organizations, persons, and others shall not be held liable for such information or damages that may result from furnishing the information requested.

I understand my rights under 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 City of Ocean Springs for the application and employment process.

This authorization is valid for one year after my signing. Upon request, a copy of this signed statement may be furnished to the school, present or former employer, present or former landlord, criminal justice agency, or other persons and organizations asked to provide information. This signed statement will be valid whether as an original, a photocopy, or a facsimile copy.

Printed Name _____

Previous Name(s), if applicable _____

Social Security Number _____

Driver License Number and State of Issue _____

Home Telephone (____) _____

Current Mailing Address _____

City, State, Zip _____

Physical Address, if different from Mailing Address _____

City, State, Zip _____

Previous Address, if less than 2 years at Current Address _____

City, State, Zip _____

Signature _____ Date of Signature _____