

DEPARTMENT OF MARINE RESOURCES CONTRACT WORKER APPLICATION



Return Completed Application to:
Department of Marine Resources
1141 Bayview Avenue, Suite 101
Biloxi, MS 39530
Attention: Procurement

For Staff/Official Use Only

Received: _____

**-TYPE OR PRINT IN BLACK INK-
JOB INFORMATION**

RFQ #:

POSITION TITLE:

PERSONAL INFORMATION

FIRST NAME

MIDDLE INITIAL

LAST NAME

ADDRESS

CITY

STATE

ZIP

HOME PHONE

ALTERNATE PHONE

MONTH AND DATE OF BIRTH

WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR
APPLICATION STATUS? ☐ EMAIL OR ☐ PAPER

EMAIL ADDRESS

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

☐ Some High School

☐ Some College

☐ Associate's Degree

☐ Master's Degree

☐ Doctorate Degree

☐ High School

☐ Technical College

☐ Bachelor's Degree

☐ Specialist's Degree

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G.E.D. OR A HIGH SCHOOL EQUIVALENCY DIPLOMA?

YES ☐ NO ☐

IF NO, WHAT WAS THE HIGHEST GRADE LEVEL COMPLETED?

7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME

DEGREE RECEIVED

DATES ATTENDED

DID YOU GRADUATE?
YES ☐ NO ☐

☐ SEMESTER ☐ QUARTER
OF UNITS COMPLETED:

SCHOOL LOCATION (CITY/STATE)

MAJOR

SCHOOL NAME

DEGREE RECEIVED

DATES ATTENDED

DID YOU GRADUATE?
YES ☐ NO ☐

☐ SEMESTER ☐ QUARTER
OF UNITS COMPLETED:

SCHOOL LOCATION (CITY/STATE)

MAJOR

SCHOOL NAME

DEGREE RECEIVED

DATES ATTENDED

DID YOU GRADUATE?
YES ☐ NO ☐

☐ SEMESTER ☐ QUARTER
OF UNITS COMPLETED:

SCHOOL LOCATION (CITY/STATE)

MAJOR

[illegible]

WORK HISTORY

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

DUTIES			
--------	--	--	--

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

DUTIES			
--------	--	--	--

MILITARY INFORMATION

1. ARE YOU A VETERAN OF THE ARMED FORCES? YES NO
(IF YOU INDICATED "YES", YOU MUST ATTACH A COPY OF YOUR DD214 OR OTHER PROOF OF SERVICES.)
2. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED? YES ☐ NO ☐

ADDITIONAL INFORMATION

Additional Information (other schools or training; special qualifications; honors and awards; etc.):

APPLICANT DECLARATIONS

By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the Department of Marine Resources. I know that any misrepresentation herein may lead to rejection of my application. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

X _____
SIGNATURE OF APPLICANT

DATE