

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

RFA #:	POSITION TITLE:
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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	

CERTIFICATES & LICENSES (INCLUDING DRIVER'S LICENSE)					
TYPE		DATE ISSUED (MONTH/YEAR)		EXPIRATION DATE (MONTH/YEAR)	
LICENSE NUMBER		ISSUING AGENCY		SPECIALIZATION	
TYPE		DATE ISSUED (MONTH/YEAR)		EXPIRATION DATE (MONTH/YEAR)	
LICENSE NUMBER		ISSUING AGENCY		SPECIALIZATION	
TYPE		DATE ISSUED (MONTH/YEAR)		EXPIRATION DATE (MONTH/YEAR)	
LICENSE NUMBER		ISSUING AGENCY		SPECIALIZATION	
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 ☐ NO ☐	
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 ☐ NO ☐	
DUTIES					

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 ☐ NO ☐

DUTIES			
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DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐

DUTIES			
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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