

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

APPLICATION INSTRUCTIONS:

READ THE FOLLOWING INSTRUCTIONS CAREFULLY. YOU MUST PROVIDE ALL REQUESTED INFORMATION. THE INFORMATION YOU PROVIDE WILL BE USED TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYEMENT. IF YOU FAIL TO ANSWER ALL THE QUESTIONS ON YOUR APPLICATION FULLY AND ACCURATELY, YOU MAY DELAY CONSIDERATION OF YOUR APPLICATION AND MAY LOSE ANY EMPLOYEMENT OPPORTUNITIES.

1. Complete the attached Application for Employment; use a typewriter or a black/dark blue ballpoint pen.
2. BEFORE RETURNING YOUR APPLICATION THE FOLLOWING DOCUMENTS, MUST BE ATTACHED:
 - (a) A recent un-mounted full face photograph (passport size)
 - (b) A copy of your birth certificate (minimum age for general employment 18, and 21 for the Police Department)
 - (c) Your fingerprints on an official fingerprint card (obtained through the police department, sheriff's office or highway patrol)
 - (d) A copy of you DD-214, if you are prior service
 - (e) Copy of high school diploma or GED equivalency
 - (f) Copy of driver's license
 - (g) 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
PO Box 929
Long Beach, MS 39560**

4. If you have a change of name, address, or telephone number, notify the Civil Service Commission office in writing.
5. **APPLICATIONS THAT ARE NOT LEGIBLE OR THAT OR NOT COMPLETE WILL NOT BE CONSIDERED**
6. **APPLICATIONS WITHOUT SIGNATURES OR A DATE WILL BE REFUSED**
7. **APPLICATIONS REMAIN ON FILE FOR ONE (1) YEAR.**

THE CITY OF LONG BEACH IS AN EQUAL OPPORTUNITY EMPLOYER

III. EMPLOYMENT HISTORY

Please provide employment history for the past five years, beginning with 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)

Please provide employment history for the past five years, beginning with 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: _____

IV. Court Record

1. Driver 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

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 employees of the City of Long Beach or Harrison County?
 _____ Yes _____ No

If yes, please provide the following information:

Name	Relationship	Official Title

2. Do you hold any political or party official? _____ 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 in the County of _____, State of _____.

7. If you would like to make a statement about special qualification, 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

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 all 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

**CITY OF LONG BEACH, MISSISSIPPI
POLICE DEPARTMENT
PO BOX 929
Long Beach, MS 39560
228-863-7292**

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 THE 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 U.S. VETERAN'S ADMINISTRATION
- * EMPLOYMENT AND PRE-EMPLOYMENT RECORDS, TO INCLUDE SALARY RECORDS, BACKGROUND REPORTS, POLYGRAPH EXAMINATION 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 WHERE EVER 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 RECOLLECTIONS 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