

City of Gulfport Application for Employment

Type or print clearly in blue or black ink.

Read instructions for each section carefully and answer each question completely.

All applications must be returned directly to the Human Resources Department.

Incomplete applications will not be considered. Applications not returned directly to the Human Resources Department will not be considered.

See last page for additional important information.

Official Use Only

Date Submitted to HR:

Received by:

Last Name		First Name		Middle Initial	
Home Phone		Message Phone		Social Security Number	
Address		City		State	Zip
Former Name(s)		How were you referred to us: <input type="checkbox"/> City of Gulfport Website <input type="checkbox"/> Newspaper <input type="checkbox"/> WIN Job Center <input type="checkbox"/> Employee (specify) _____ <input type="checkbox"/> Other(specify) _____			
E-Mail Address					
Are you at least 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you legally eligible to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you now or can you become a registered voter? <input type="checkbox"/> No <input type="checkbox"/> Yes	If the job requires, do you have a valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes/List State Issued, No. & Expiration Date: _____		
Have you ever worked for a municipality before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list: _____		Do you have relatives employed by the City of Gulfport? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list: _____			
Have you ever worked for the City of Gulfport? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give dates: _____		Have you ever applied to the City of Gulfport? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give dates: _____			

Position(s) Applied For:

First Choice:	Second Choice:	Third Choice:
Indicate which days you are available to work: <input type="checkbox"/> Any <input type="checkbox"/> M-F Only <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays		Indicate which shifts you are available to work: <input type="checkbox"/> Any <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Call

Applicant's Statement: Read carefully.

I understand this application must be returned directly to the City of Gulfport Human Resources Department and that any application that is not returned directly to the Human Resources Department will be rendered null and void.

I understand this application will become expired 90 days after submission, or when the position(s) for which I apply is/are filled, whichever comes first.

I certify all answers and information given within this application are true and complete to the best of my knowledge. I authorize investigation of any and all information given within this application as deemed necessary by the City of Gulfport in arriving at an employment decision. In the event of employment, I understand that any false or misleading statement given within this application or during interview(s) may result in termination of employment.

I understand this application and any documents included herein becomes property of the City of Gulfport and that original documents will not be returned to me after submission.

In the event of employment, I understand that my identity and employment eligibility will be verified.

In the event of employment, I understand that I am required to abide by all the rules and regulations of the City of Gulfport.

I recognize that it is the intent of the City of Gulfport to provide a drug-free workplace to protect employees and the general public. I understand that in the event of employment I will be required to successfully pass a drug test.

I understand that I may be required to submit to a medical examination, at City expense, to determine my ability to perform all essential job duties with or without reasonable accommodation. I further understand that employment may be contingent upon the successful completion of this pre-employment, post-offer physical.

I recognize that it is the intent of the City of Gulfport to provide a smoke-free workplace to protect employees and the general public. In the event of employment, I agree to abide by the established smoke-free policy.

In the event of employment, I understand that I am required to be a registered voter in one of the six coastal Mississippi counties. I understand that I will be required to present proof of registration within six months of my hire date.

I acknowledge that I have read and understand the statement listed above.

Signature of Applicant

Printed Name of Applicant

Date

Employment History – List all past and present employment (including military service) within the last 10 years. Include summer, part-time, and temporary employment, beginning with your most recent employer. Explain any unemployed periods with dates and location. Attach additional page if necessary. Any section marked “see resume” is considered incomplete.

Employer Name		Type of Business		Your Job Title	
Business Address		City & State		Telephone Number	
From (month & year)	To (month & year)	Total <u>Months</u> Employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Beginning Salary	Ending Salary
Name of Supervisor			Reason for Leaving		
Describe the major responsibilities of your job:					

Employer Name		Type of Business		Your Job Title	
Business Address		City & State		Telephone Number	
From (month & year)	To (month & year)	Total <u>Months</u> Employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Beginning Salary	Ending Salary
Name of Supervisor			Reason for Leaving		
Describe the major responsibilities of your job:					

Employer Name		Type of Business		Your Job Title	
Business Address		City & State		Telephone Number	
From (month & year)	To (month & year)	Total <u>Months</u> Employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Beginning Salary	Ending Salary
Name of Supervisor			Reason for Leaving		
Describe the major responsibilities of your job:					

Employer Name		Type of Business		Your Job Title	
Business Address		City & State		Telephone Number	
From (month & year)	To (month & year)	Total <u>Months</u> Employed	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Beginning Salary	Ending Salary
Name of Supervisor			Reason for Leaving		
Describe the major responsibilities of your job:					

Indicate if you have the following skills:

Typing (WPM speed):	Software: <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Power Point <input type="checkbox"/> Access <input type="checkbox"/> Other (list):
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Equipment: <input type="checkbox"/> Backhoe <input type="checkbox"/> Bulldozer <input type="checkbox"/> Bush Hog <input type="checkbox"/> Dump Truck <input type="checkbox"/> Front-end Loader <input type="checkbox"/> Grader <input type="checkbox"/> Lawnmower <input type="checkbox"/> Track hoe <input type="checkbox"/> Tractor <input type="checkbox"/> Other (list):
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Education – list name of institution. If no diploma or certificate awarded, list number of hours completed toward diploma/certificate.

High School	Diploma or GED
College	Type of Diploma/Certificate & course of study
Graduate, Professional or Trade School	Type of Diploma/Certificate & course of study

Professional Licensure— list any current professional licensures/certifications you have relevant to the position(s) applied for.

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Military Service

Are you a veteran of the U.S. Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes/List Branch	List Service Dates:
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References – list three professional references (i.e. - supervisors, co-workers, subordinate employees) who have direct knowledge of your work performance.

Name	Professional Affiliation to You	Phone
Name	Professional Affiliation to You	Phone
Name	Professional Affiliation to You	Phone

Court History

Have you ever been convicted of any criminal or disorderly conduct violations (other than minor traffic violations)? <input type="checkbox"/> No <input type="checkbox"/> Yes - List below. Conviction does not necessarily preclude you from employment. All circumstances will be considered.			
Date	Charge	City & State	Final Result
Date	Charge	City & State	Final Result

Important Information: Read carefully.

Thank you for your interest in the City of Gulfport. Unless otherwise stated, all vacant employment opportunities will remain open until filled. If a closing date is listed, applications must be received by 5:00 p.m. on the specified date. Please see Vacancy Announcement for additional requirements to be satisfied.

You may submit this application to the City of Gulfport Human Resources Department in person, by mail, e-mail*, or fax*.

Physical Address:
 1422 23rd Ave.
 Gulfport, MS 39501

Mailing Address:
 P.O. Box 1780
 Gulfport, MS 39502

***E-mail Address:**
 hr@gulfport-ms.gov

***Fax Number:**
 228.868.5833

**Applications submitted by e-mail or fax must be followed by an original application within 3 days of submission or the copy will be rendered null and void.*

Resumes – Resumes are not required but may supplement the information listed on your application. Do not submit your resume in lieu of an application; your application must be on file to be considered for a position. Any section of the application left blank or marked "see resume" is considered incomplete.

Process Timeline - The interview and selection process takes a minimum of 3-4 weeks; however, some positions may take longer. Preliminary interviews are conducted by the Human Resources Department for all positions with the exception of Patrol Officers, Fire Fighters, General Service Employees, and temporary positions. Preliminary interviews are necessary to determine an applicant's qualifications for the position in which he/she has applied. Not all applicants will be selected for a preliminary interview, but all applications are considered. Due to the number of applications received, we are unable to continually update each applicant individually during the selection process. Only applicants of interest will be contacted by the Human Resources Department.

E-Verify – The City of Gulfport participates in the Department of Homeland Security and Social Security Administration E-Verify program to verify identity and employment eligibility. Our E-Verify notice may be viewed in full in the Human Resources office or on that web at www.gulfport-ms.gov/NEWsite/HR/applicants.htm.

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Date Reviewed	Reviewed by	Schedule for PS	Position(s)	Date/time scheduled
		<input type="checkbox"/> Yes <input type="checkbox"/> No (indicate reason) <input type="checkbox"/> W Hx <input type="checkbox"/> Exp <input type="checkbox"/> Hrs <input type="checkbox"/> Other (explain in notes)		

Contact Log:

Notes/Additional Information: