

State of Mississippi
EXPERIENCE AND TRAINING RECORD

APPLICATION MUST BE SUBMITTED TO:
MS Military Dept., ATT: JFH-MS-C-HR
P. O. Box 5027
Jackson, MS 39296-5027

GENERAL INSTRUCTIONS – TYPE OR PRINT IN BLACK INK
PLEASE READ BEFORE COMPLETING APPLICATION

Instructions relating to specific sections:

Veteran's Preference: Mississippi law defines a veteran as a person who served at least 90 days in the active forces during a period of war or armed conflict (World War II: 5/7/41 – 7/25/47; Korean Action: 6/25/50 – 1/31/55; Post Korean/Vietnam Campaign: 2/1/55 – 5/7/75; Persian Gulf War 8/2/90 – ongoing) and was honorably discharged. To qualify for 5 points Veteran's Preference, you must attach a copy of your DD214 or other proof of service. If you are a disabled veteran with a service-connected disability and you claim 10 points Veteran's Preference, you must also provide a letter of disability from the Veteran's Administration dated within the past 90 days. Veteran discharged with an honorable or general discharge who served on active duty (not for training) for more than 180 consecutive days, any part of which occurred during the period beginning September 11, 2001, and ending on the date prescribed by Presidential proclamation or by law as the last day of Operation Iraqi Freedom.

Points shall not be awarded for periods of active duty when duty was for training purposes only to meet obligations in the Reserve Forces, National Guard, etc.

SUMMARY OF POLICIES

It is the applicant's responsibility to review the rules for the maintenance of lists of eligible's. These rules are summarized below:

1. All applicants will be notified, in writing, of the final action taken on their application. This information will not be furnished by telephone or in person.
2. Photocopied applications are not acceptable. You must submit an original application form for each job classification.
3. Equal employment opportunity for all individuals regardless of race, color, creed, sex, religion, national origin, age, disability, or political affiliation is the policy of Mississippi Military Department.

TYPE OR PRINT IN BLACK INK
IMPORTANT! PLEASE READ PAGE 1 BEFORE COMPLETING

Exact title of job applying for (one title only): Title: _____	HAVE YOU EVER APPLIED FOR THIS POSITION BEFORE YES NO	APPLICATION TO EXTEND IMPROVE TIME SCORE
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Social Security Number	Last Name	First	Middle	Maiden
Mailing Address				
City	County Code	State	Zip	Home Phone
				Other Phone

List any exams you have taken and passed for Mississippi state service employment within the last 3 years – give approximate dates

A. If you have ever applied for or been employed in state under a different name or social security number, please list them:

B. Identify any agency for which you would not work:
 Identify the only agency for which you would work:

C. Date available for employment:

<p>JOB LOCATION AVAILABILITY: List the counties by code (see list below) Where you will work. You will be considered only for the locations you indicate. CAUTION: Should you decline or fail to report for an interview for one of your Selected locations, your name will be removed from the list of Eligible's.</p> <p style="text-align: center;">(Write codes below)</p> <p>_____ _____ _____ _____</p> <p>_____ _____ _____ _____</p> <table style="width: 100%; border: none;"> <tr><td>1 Adams</td><td>22 Grenada</td><td>42 Leflore</td><td>63 Sharkey</td></tr> <tr><td>2 Alcon</td><td>23 Hancock</td><td>43 Lincoln</td><td>64 Simpson</td></tr> <tr><td>3 Amite</td><td>24 Harrison</td><td>44 Lowndes</td><td>65 Smith</td></tr> <tr><td>4 Attala</td><td>25 Hinds</td><td>45 Madison</td><td>66 Stone</td></tr> <tr><td>5 Benton</td><td>26 Holmes</td><td>46 Marion</td><td>67 Sunflower</td></tr> <tr><td>6 Bolivar</td><td>27 Humphreys</td><td>47 Marshall</td><td>68 Tallahatchie</td></tr> <tr><td>7 Calhoun</td><td>28 Issaquena</td><td>48 Monroe</td><td>69 Tate</td></tr> <tr><td>8 Carroll</td><td>29 Itawamba</td><td>49 Montgomery</td><td>70 Tippah</td></tr> <tr><td>9 Chickasaw</td><td>30 Jackson</td><td>50 Neshoba</td><td>71 Tishomingo</td></tr> <tr><td>10 Choctaw</td><td>31 Jasper</td><td>51 Newton</td><td>72 Tunica</td></tr> <tr><td>11 Claiborne</td><td>32 Jefferson</td><td>52 Noxubee</td><td>73 Union</td></tr> <tr><td>12 Clarke</td><td>33 Jefferson</td><td>53 Oktibbeha</td><td>74 Walthall</td></tr> <tr><td>13 Clay</td><td>Davis</td><td>54 Panola</td><td>75 Warren</td></tr> <tr><td>14 Coahoma</td><td>34 Jones</td><td>55 Pearl River</td><td>76 Washington</td></tr> <tr><td>15 Copiah</td><td>35 Kemper</td><td>56 Perry</td><td>77 Wayne</td></tr> <tr><td>16 Covington</td><td>36 Lafayette</td><td>57 Pike</td><td>78 Webster</td></tr> <tr><td>17 DeSoto</td><td>37 Lamar</td><td>58 Pontotoc</td><td>79 Wilkinson</td></tr> <tr><td>18 Forrest</td><td>38 Lauderdale</td><td>59 Prentiss</td><td>80 Winston</td></tr> <tr><td>19 Franklin</td><td>39 Lawrence</td><td>60 Quitman</td><td>81 Yalobusha</td></tr> <tr><td>20 George</td><td>40 Leake</td><td>61 Rankin</td><td>82 Yazoo</td></tr> <tr><td>21 Greene</td><td>41 Lee</td><td>62 Scott</td><td>83 Statewide</td></tr> </table>	1 Adams	22 Grenada	42 Leflore	63 Sharkey	2 Alcon	23 Hancock	43 Lincoln	64 Simpson	3 Amite	24 Harrison	44 Lowndes	65 Smith	4 Attala	25 Hinds	45 Madison	66 Stone	5 Benton	26 Holmes	46 Marion	67 Sunflower	6 Bolivar	27 Humphreys	47 Marshall	68 Tallahatchie	7 Calhoun	28 Issaquena	48 Monroe	69 Tate	8 Carroll	29 Itawamba	49 Montgomery	70 Tippah	9 Chickasaw	30 Jackson	50 Neshoba	71 Tishomingo	10 Choctaw	31 Jasper	51 Newton	72 Tunica	11 Claiborne	32 Jefferson	52 Noxubee	73 Union	12 Clarke	33 Jefferson	53 Oktibbeha	74 Walthall	13 Clay	Davis	54 Panola	75 Warren	14 Coahoma	34 Jones	55 Pearl River	76 Washington	15 Copiah	35 Kemper	56 Perry	77 Wayne	16 Covington	36 Lafayette	57 Pike	78 Webster	17 DeSoto	37 Lamar	58 Pontotoc	79 Wilkinson	18 Forrest	38 Lauderdale	59 Prentiss	80 Winston	19 Franklin	39 Lawrence	60 Quitman	81 Yalobusha	20 George	40 Leake	61 Rankin	82 Yazoo	21 Greene	41 Lee	62 Scott	83 Statewide	<p>Travel and Shift Availability: Check one only for each section.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Travel Day Only <input type="checkbox"/> (A) Some <input type="checkbox"/> (B) Often <input type="checkbox"/> None Overnight <input type="checkbox"/> (C) Some <input type="checkbox"/> (D) Often <input type="checkbox"/> None </td> <td style="width: 50%; vertical-align: top;"> Shift Work I am willing to work: <input type="checkbox"/> (A) Day only <input type="checkbox"/> (B) Evening only <input type="checkbox"/> (C) Night Only <input type="checkbox"/> (D) Day or Evening <input type="checkbox"/> (E) Day or night <input type="checkbox"/> (F) Evening or night <input type="checkbox"/> (G) Any shift </td> </tr> </table> <p>Veteran's Preference: If you wish to claim Veteran's Preference, read instructions, then check below.</p> <p>_____ (1) I have attached a DD214 or equivalent.</p> <p>_____ (2) I have attached a DD214 and a letter of Disability from the Veterans' Administration.</p>	Travel Day Only <input type="checkbox"/> (A) Some <input type="checkbox"/> (B) Often <input type="checkbox"/> None Overnight <input type="checkbox"/> (C) Some <input type="checkbox"/> (D) Often <input type="checkbox"/> None	Shift Work I am willing to work: <input type="checkbox"/> (A) Day only <input type="checkbox"/> (B) Evening only <input type="checkbox"/> (C) Night Only <input type="checkbox"/> (D) Day or Evening <input type="checkbox"/> (E) Day or night <input type="checkbox"/> (F) Evening or night <input type="checkbox"/> (G) Any shift
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WORK HISTORY: List all prior work experience, including military service, beginning with your most recent employment. You may include volunteer or unpaid work as part of your history; however, you should include the number of hours per week which you performed these duties. **NOTE:** Resumes are not accepted and may not be used as a substitute for completing this section.

May your present employment supervisor be contacted? _____ YES _____ NO

A. Starting Date		Ending Date		Name and complete address of employer/company:	
Name, title and phone number (if known) of your immediate supervisor:					
Starting Salary	Ending Salary	Hours per week/Avg.		Exact title of your position:	# of employees you supervise:
Description of duties in detail:					

B. Starting Date		Ending Date		Name and complete address of employer/company:	
Name, title and phone number (if known) of your immediate supervisor:					
Starting Salary	Ending Salary	Hours per week/Avg.		Exact title of your position:	Number of employees you supervise:
escription of duties in detail:					

C. Starting Date	Ending Date	Name and complete address of employer/company:		
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Name, title and phone number (if known) of your immediate supervisor:

Starting Salary	Ending Salary	Hours per week/Avg.	Exact title of your position:	# of employees you supervise:
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Description of duties in detail:

D. Starting Date	Ending Date	Name and complete address of employer/company:		
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Name, title and phone number (if known) of your immediate supervisor:

Starting Salary	Ending Salary	Hours per week/Avg.	Exact title of your position:	# of employees you supervise:
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Name, title and phone number (if known) of your immediate supervisor:

Starting Salary	Ending Salary	Hours per week/Avg.	Exact title of your position:	# of employees you supervise:
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Description of duties in detail:

EMPLOYMENT OF RELATIVES

CHECK AND COMPLETE AS APPLICABLE

Do any of your relatives or relatives of your spouse, by blood, marriage or adoption work for the Mississippi National Guard or Mississippi Military Department in any capacity? (Include spouse, parent, grandparent, aunt, uncle, great-grandparent, child, grandchild, great-grandchild, brother, nephew, sister or niece.)

_____ -YES (If "YES", provide details below)

_____ - NO

NAME	RELATIONSHIP	INDICATE SELF OR SPOUSE	PLACE RELATIVE EMPLOYED

Certification :

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 Military Department and release to this agency considering me for employment. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligible's, and/or dismissal from state service. 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.

Date

Signature of Applicant

- IMPORTANT -

Have you answered all questions thoroughly?
Have you kept a copy of your application for your file?

Have you signed and dated your application?
Have you attached all required documents?

Have you completed your name and address information?

SUPPLEMENTAL EXPERIENCE AND TRAINING RECORD

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