

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

| | | | | | |
|---------------------|-----------------------|-----------------------|---|---|--|
| SPB USE ONLY | OCCLU CODE | START STEP | Exact title of job applying for (one title only): Title: _____ | HAVE YOU EVER APPLIED FOR THIS POSITION BEFORE? Yes No | APPLICATION TO EXTEND TIME IMPROVE SCORE |
| | | | | | |

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

To meet the requirements of federal regulations, we need to collect information on the questions below for EEO reporting purposes only. This information **will not** be used for making employment decisions and **will not** be sent to the employing state agency.

A. Race: _____ (1) American Indian
 _____ (2) White
 _____ (3) Hispanic
 _____ (4) Black
 _____ (5) Asian

B. Sex: _____ (M) Male
 _____ (F) Female

C. Date of Birth _____
 Month Day Year

NOTE: If you are a person with a disability and my need special services or accommodations in the application process, including job testing, please contact the State Personnel Board.

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 service 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: _____
 Month Day Year

TEST SITES

Indicate your preference of examination site(s). If you are willing to test at different locations, please indicate by number your 1st, 2nd, and 3rd choices. Typing examinations are scheduled on the basis of the county in which you live and not by test site preference.

Walk-in testing is also available. Please refer to "Walk-in Testing" on Page 1 for further information.

_____ A. Columbus (2nd Saturday each month)

_____ B. Gulfport (4th Saturday each month)

_____ C. Hattiesburg (3rd Saturday each month)

_____ D. Itta Bena (4th Saturday each month)

_____ E. Jackson (1st & 3rd Saturday each month)

_____ F. Jackson (week days)

_____ G. Meridian (3rd Saturday each month)

_____ H. Oxford (2nd Saturday each month)

_____ I. Parchman (2nd Saturday each month)

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 Eligibles.

(Write codes below)

| | | | |
|--------------|---------------|----------------|-----------------|
| 01 Adams | 22 Grenada | 42 Leflore | 63 Sharkey |
| 02 Alcorn | 23 Hancock | 43 Lincoln | 64 Simpson |
| 03 Amite | 24 Harrison | 44 Lowndes | 65 Smith |
| 04 Attala | 25 Hinds | 45 Madison | 66 Stone |
| 05 Benton | 26 Holmes | 46 Marion | 67 Sunflower |
| 06 Bolivar | 27 Humphreys | 47 Marshall | 68 Tallahatchie |
| 07 Calhoun | 28 Issaquena | 48 Monroe | 69 Tate |
| 08 Carroll | 29 Itawamba | 49 Montgomery | 70 Tippah |
| 09 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 |

Travel and Shift Availability: Check **one only** for each section.

| | |
|---|--|
| <p>Travel</p> <p>Day Only</p> <p>_____ (A) Some</p> <p>_____ (B) Often</p> <p>_____ None</p> <p>Overnight</p> <p>_____ (C) Some</p> <p>_____ (D) Often</p> <p>_____ None</p> | <p>Shift Work</p> <p>I am willing to work:</p> <p>_____ (A) Day only</p> <p>_____ (B) Evening only</p> <p>_____ (C) Night only</p> <p>_____ (D) Day or evening</p> <p>_____ (E) Day or night</p> <p>_____ (F) Evening or night</p> <p>_____ (G) Any shift</p> |
|---|--|

Veteran's Preference: If you wish to claim Veteran's Preference, read instructions, then check one below.

_____ (1) I have attached a DD214 or equivalent.

_____ (2) I have attached a DD214 and a letter of disability from the Veterans' Administration.

FOR EMPLOYMENT SERVICE AND SPB USE ONLY:

Local Office Number _____

Job Order Number _____

Initials _____

Date Referred to SPB _____

| | | | | | |
|---|---------------|---------------------|-------------------------------|--|--|
| B. Starting Date | | Ending Date | | Name and complete address of employer/company: | |
| Mo. | Year | Mo. | Year | | |
| 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: | |
| Description of duties in detail: | | | | | |
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|---|---------------|---------------------|-------------------------------|--|--|
| C. Starting Date | | Ending Date | | Name and complete address of employer/company: | |
| Mo. | Year | Mo. | Year | | |
| 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: | |
| Description of duties in detail: | | | | | |
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|---|---------------|---------------------|-------------------------------|--|--|
| D. Starting Date | | Ending Date | | Name and complete address of employer/company: | |
| Mo. | Year | Mo. | Year | | |
| 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: | |
| Description of duties in detail: | | | | | |
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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 the State Personnel Board and release to any 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 eligibles, 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.

X

 Signature of Applicant

Date

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

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

Have you completed your name and address information?

