

# STATE OF MISSISSIPPI APPLICATION



**Return Completed Application to:**  
**Mississippi Department of Environmental Quality**

P.O. Box 2261  
Jackson, MS 39225  
[www.mdeq.ms.gov](http://www.mdeq.ms.gov)

**For Staff/Official Use Only**

**Received:** \_\_\_\_\_

## **Important! Please Read Before you begin the application process:**

Please submit one application per job posting. Please be sure to complete the entire application. Applications lacking sufficient information will be processed and returned as invalid. Please ensure your application is received or postmarked by the closing date as indicated on the job posting.

**-TYPE OR PRINT IN BLACK INK-**

### **JOB INFORMATION**

JOB NUMBER:

POSITION TITLE:

### **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  
☐ High School

☐ Some College  
☐ Technical College

☐ Associate's Degree  
☐ Bachelor's Degree

☐ Master's Degree  
☐ Specialist's Degree

☐ Doctorate Degree

### **HIGH SCHOOL EDUCATION**

DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G.E.D.? 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**

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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>	
DUTIES				

## AGENCY WIDE QUESTIONS

1. ARE YOU CURRENTLY EMPLOYED WITH THE STATE OF MS? YES ☐ NO ☐

2. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY AND YOUR CURRENT JOB TITLE. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)

\_\_\_\_\_  
(AGENCY NAME)

\_\_\_\_\_  
(CURRENT JOB TITLE)

3. HAVE YOU BEEN SEPARATED WITHIN THE LAST 12 MONTHS FROM THE STATE OF MS DUE TO A REDUCTION IN FORCE (RIF)? YES ☐ NO ☐

4. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY, YOUR PREVIOUS JOB TITLE, AND THE DATE OF YOUR RIF SEPARATION. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)

\_\_\_\_\_  
(AGENCY NAME)

\_\_\_\_\_  
(PREVIOUS JOB TITLE)

\_\_\_\_\_  
(DATE OF RIF)

5. 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.)

6. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED? ☐ YES ☐ NO

7. ARE YOU AN ADULT MALE BORN ON OR AFTER JANUARY 1, 1960 WHO REGISTERED FOR SELECTIVE SERVICE BETWEEN THE AGES OF 18 AND 25?  
☐ YES ☐ NO

### TO MEET THE REQUIREMENTS OF FEDERAL REGULATIONS, MSPB NEEDS TO COLLECT INFORMATION ON THE QUESTIONS BELOW FOR REPORTING PURPOSES ONLY. THIS INFORMATION WILL NOT BE USED FOR MAKING EMPLOYMENT DECISIONS. (OPTIONAL)

8. INDICATE YOUR RACE

- ☐ AMERICAN INDIAN  
☐ WHITE  
☐ HISPANIC  
☐ BLACK  
☐ ASIAN  
☐ Other

9. INDICATE YOUR GENDER

- ☐ MALE  
☐ FEMALE

10. AGE GROUP:

- ☐ UNDER 18  
☐ 18-25  
☐ 26-39  
☐ 40-54  
☐ 55-69  
☐ 70+

## 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 Mississippi State Personnel Board and 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

## Supplemental Page

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

### JOB INFORMATION

JOB NUMBER:	POSITION TITLE:
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### COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)		MAJOR
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATES ATTENDED
SCHOOL LOCATION (CITY/STATE)		MAJOR

### CERTIFICATES & LICENSES

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
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

DUTIES