

**APPLICATION TO
THE CIVIL SERVICE BOARD OF CITY OF PASS CHRISTIAN**

Any applicant for a position of any kind under civil service must be a citizen of the United States and an elector of the County in which he resides and must have so resided for a period of at least three years immediately preceding the filing of his application.

Filed at _____AM/PM

On _____

Final Filing Date _____

TITLE OF EXAMINATION

Position for which applying _____

Instructions: Answer all questions in ink or on typewriter. Be sure you have answered every questions. Write "no" or "none" after questions that do not apply to you. All information will be held strictly confidential.

FULL NAME (Print Plainly) Mr., Mrs., Miss _____

FIRST LAST MIDDLE

ADDRESS _____

PERSONAL INFORMATION

1. How long have you resided in Harrison County? _____years;
In City of Pass Christian? _____years.

2. Check item that apply to your case:

<input type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Own or Buying Home
<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Rent Home
<input type="checkbox"/> Other	<input type="checkbox"/> Board	

3. Social Security Number: _____

4. Height (without shoes): _____ft _____in;
Weight (without clothing): _____pounds

5. Place of Birth _____ Date of Birth _____

6. Name of Husband or Wife _____ Occupation _____

7. Name of Father _____ Occupation _____

8. Drivers License _____

9. Do you understand that you will be required to pass a medical and physical examination if selected for appointment and that failure to pass will disqualify you? _____
Attach certified copy of Birth Certificate.

QUALIFICATION:

10. Education	GRADE	GRADUATED	MAJOR AND	DEGREE
NAME OF SCHOOL	FINISHED	yes	no	MINOR
Elementary				
High School				
College or Trade				
University				
Correspondence				
Others				

11. EXPERIENCE (List below your employment history since leaving school, giving approximate dates when exact dates unknown).

FROM	TO	POSITION	SALARY	COMPANY	NAME OF	
Mo.	Yr.	Mo.	Yr.	HELD	ADDRESS	SUPERVISOR

12. May we refer to your present employer? _____

13. Are you skilled in any trades? _____ What? _____

CHARACTER:

14. Have you ever been arrested? _____ If so, explain fully: _____

I hereby certify that all information contained in this application 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 Board of Pass Christian. I agree that this application and all papers in connection with the examination shall be confidential records of the Civil Service Board subject to the inspection of the appointing authority as provided by the rules and to my personal inspection. I am a registered, qualified voter of Harrison County, MS.

COUNTY VOTER REGISTRATION NO. _____

COUNTY VOTER REGISTRATION DATE _____

APPLICANT'S SIGNATURE

ALL QUESTIONS MUST BE ANSWERED TO

THE CIVIL SERVICE COMMISSION OF THE CITY OF PASS CHRISTIAN, MISSISSIPPI.

This is to advise that the above named applicant appeared at the Police Station and was fingerprinted in accordance with the Rule to the effect that all applicants who may secure positions in the City of Pass Christian must be fingerprinted before they report for duty. (NOTE: Fingerprinting Done After Applicant Hired)

Date

Superintendent of Bureau of Identification, Police Dept.

CHARACTER REFERENCES (2)

This is to certify that I have known the following named person _____
for a period of _____ years. I earnestly believe him to be a person of good moral character, of temperate
and industrious habits, and in all respects fit for the service of the City of Pass Christian. I am willing that
this certificate be handled and used as a public record. I further certify that I am not a relative, by blood nor
marriage, of the applicant. I am a registered, qualified voter and citizen of Harrison County, Mississippi.

Signed _____

Signed _____

Company, Firm or Other Business

Company, Firm or Other Business

Title

Title

Address

Address

Date

Date

Remarks: _____

**MAIL OR BRING TO CITY HALL
THE CIVIL SERVICE BOARD OF PASS CHRISTIAN
P.O. DRAWER 368
PASS CHRISTIAN MISSISSIPPI 39571**