State of Mississippi
EXPERIENCE AND TRAINING RECORD

APPLICATION MUST BE SUBMITTED TO:

Email Address (Preferred Method) to: mhopson@mil.ms.gov;
OR Hand Delivered to: 1410 Riverside Drive, Jackson, MS 39202-1237;
OR Mailed to: MS Military Department, ATTNL NGMS-SRP, Post Office 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 during war; or during the period April 28, 1952 through July 1, 1955, or for more than 180 consecutive days, other than for training, any part of which occurred after January 31, 1955, and before October 15, 1976; or during the Gulf War from August 2, 1990, through January 2, 1991; or for more than 180 consecutive days, other than for training, any part of which occurred during the period beginning September 11, 2001, and ending on a date prescribed by Presidential proclamation or by law as the last day of Operation Iraqi Freedom: or in a campaign or expedition for which a campaign medal has been authorized. Any Armed Forces Expeditionary medal or campaign badge, including El Salvador, Lebanon, Grenada, Panama, Southwest Asia, Somalia, and Haiti, qualifies for preference 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.

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.

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SUMMARY OF POLICIES

It is the applicant's responsibility to review the rules for the maintenance of lists of eligible. 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.
4. Incomplete applications will not be considered for interview.
5. Applicants MUST include vacancy announcement number and position title on the application.

TYPE OR PRINT IN BLACK INK

IMPORTANT! PLEASE READ PAGE 1 BEFORE COMPLETING

Exact title of job applying for (one title only):

Position Vacancy Announcement Number: _____

Title: _____

Social Security Number	Last Name	First	Middle	Maiden
Mailing Address			Email Address	

City	County Code	State	Zip	Cell 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. Have you ever worked for the Mississippi Military Department? If so, what dates?

_____

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

☐ I have attached a DD214 or equivalent. ☐ I have attached a DD214 and a letter of Disability from the Veteran's Administration.

D. Date available for employment: _____
Month Day Year

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

LAST NAME, FIRST NAME _____ SSAN _____ Title of Job Applying for: _____

EDUCATIONAL BACKGROUND

Do you have a high school diploma? _____

Do you have a GED certificate? _____

Date received _____

Years of education

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Name of college, University, or Technical School Attended	Total Credit		Dates Attached		Did you graduate?		Type Degree (i.e US M Ed, etc.) & Date Received (Mo/Yr)	GPA	Field of Study				Department of Major
	Sem Hours	Quarter Hours	From	To	Yes	No			Major	Hours	Minor	Hours	

License, Certificate, Registration (A copy of appropriate license or certificate must be attached if required by the job description)

Title/Type	License Number	Name of Licensing Agency	Specialization	Certification Date (Orig.)	Expiration Date

EXPERIENCE AND TRAINING RECORD

MILITARY SERVICE

ALL APPLICANTS WHO HAVE MILITARY SERVICE MUST COMPLETE THIS SECTION. IF YOU DO NOT HAVE MILITARY SERVICE, PLEASE LEAVE BLANK

1. MILITARY SERVICE (Start with earliest service. Show changes in grade and duty in chronological order}

FROM	TO	(Check appropriate}				GRADE	ORGANIZATION	DUTY
		AD	AGR	NG	USAR			

2. MILITARY TRAINING

FORMAL SERVICE SCHOOL TRAINING COMPLETED			CORRESPONDENCE COURSES	
COURSE TITLE AND NUMBER	DURATION OF COURSE		COURSE/SUBCOURSE TITLE	HOURS
	WEEKS	DAYS		

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 MONTH/YEAR	Ending Date MONTH/YEAR	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:
Description of duties in detail:				

B. Starting Date MONTH/YEAR.	Ending Date MONTH/YEAR	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:
Description of duties in detail:				

C. Starting Date MONTH/YEAR	Ending Date MONTH/YEAR	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:
Description of duties in detail:				

D. Starting Date MONTH/YEAR	Ending Date MONTH/YEAR	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:
Description of duties in detail:				

SUPPLEMENTAL EXPERIENCE AND TRAINING RECORD

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