

State of Mississippi  
EXPERIENCE AND TRAINING RECORD

**APPLICATION MUST BE SUBMITTED TO:**

**Email Address (Preferred Method) to: rcole@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.

**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



**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:	
MONTH/YEAR		MONTH/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:					

B. Starting Date		Ending Date		Name and complete address of employer/company:	
MONTH/YEAR		MONTH/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:					

C. Starting Date		Ending Date		Name and complete address of employer/company:	
MONTH/YEAR		MONTH/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:					

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:				

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**SUPPLEMENTAL EXPERIENCE AND TRAINING RECORD**

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