

Steps to Becoming a Mississippi State Fire Academy

Adjunct Instructor

- 1 ***Request Application.***
- 2 ***Review Your Qualifications Based on Minimum Requirements.***
- 3 ***If You Qualify, Complete and Submit Application Forms.***
- 4 ***Application Will Be Reviewed by the Fire Academy Executive Director, and Instructor Chief.***
- 5 ***Application Will Be Approved, Denied, or Held for Further Review.***

If application is approved:

The Adjunct will receive a Contract for Professional Services in the mail. You will then receive a congratulations letter if accepted and the MSFA Adjunct Handbook outlining your duties.

Reasons for Denial:

- 1 Applicant can be denied if no openings are available.
- 2 Applicant can be denied if the minimum requirements are not met or the application review team feels the applicant does not meet the minimum requirements. Application will be held for further review.

Fire Academy Adjunct Instructor Minimum Qualifications:

1. Applicant must have completed NFPA 1041-1, Fire Instructor.
2. Applicant must have been in the fire service for a minimum of 3 years, volunteer or career service. (This may be a combination of the two.)
3. Applicant must have a minimum of 1-year instructional experience outside or within the applicant's own department.
4. Applicant must submit a fifteen (13-17) minute video utilizing a short Fire Academy lesson plan and Power Point presentation that has already been developed by the MSFA.
5. Applicant must sign the attached Authorization for Background Check.

Due Dates for Approved Applications/Contracts to MSFA Administrative Office:

July 5th to be effective October 1: Signed agreement due August 25th
October 5th to be effective January 1: Signed agreement due November 25th
January 5th to be effective April 1: Signed agreement due February 25th
April 5th to be effective July 1: Signed agreement due May 25th

ADJUNCT INSTRUCTOR APPLICATION

Please print clearly or type.

FULL NAME: _____ SSN #: _____

STREET ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY: _____ COUNTY: _____ STATE: ____ ZIP: _____

DEPARTMENT NAME: _____ PHONE: _____

HOME PHONE: _____ CELL PHONE: _____

E-mail address: _____

Assignments that may be available for Associate Instructors:

- *Assisting with on-campus courses such as CPAT, LP Burns, Airport Firefighter, Firefighter Day at the Academy, Vol. Certification Day, etc...
- *Teaching a county or regional fire school.
- *Teaching specially-endorsed National Fire Academy courses.
- *Proctoring or observing written and skill tests.
- *Test validation.
- *Off Campus LP Burns.
- *Delivering special presentations at conferences/workshops.
- *Design/revising training programs.

NOTE: In addition to attaching a copy of your certificates for Fire Instructor 1041 level courses, please include any other certificates/transcripts to indicate specific advanced training/education you have accomplished. Or YOU may submit a copy of your transcript with your Adjunct Instructor application. No applications will be processed without complete paperwork requested.

List the date you completed your Instructor NFPA 1041 course: _____
(Attach a copy of your certificates for any level of Instructor training)

Years of fire service experience: _____ Years with this department: _____

What is your current position: _____ How Long? _____

Do you have any Instructional Experience? _____ YES (describe below) _____ NO
Briefly describe your instructional experience

Briefly describe your fire service background:

Briefly describe other specialized training that you have. (Include copies of certificates not on the Academy transcript record of classes)

List a Professional/Personal Reference: _____ Phone: _____

I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. 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 the federal immigration law. I also agree to having a background check as authorized on the attached page.

Signature of Applicant

Date Signed

(For office use only) Application Status:

Forward to Business Office

Action Taken: Approved Applications to Business Office: (IF SIGNED CONTRACT IS RETURNED BY DUE DATE INDICATED) July 5th to be effective October 1 Signed Contract due August 25th October 5th to be effective January 1 Signed Contract due November 25th January 5th to be effective April 1 Signed Contract due February 25th April 5th to be effective July 1 Signed Contract due May 25th

Application Recommend for Approval:	Application Denied:
Instructor Chief /Date	Instructor Chief /Date
Executive Director/Date:	Executive Director/Date

AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, _____, hereby authorize the Mississippi State Fire Academy/Mississippi Insurance Department/State Fire Marshal's Office, to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that State Fire Academy/Mississippi Insurance Department/State Fire Marshal's Office may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Applicant

Date

Applicant's Name - Printed

Applicant's Social Security Number

Applicant's Date of Birth