# 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. If accepted, you will receive a congratulations letter 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. The 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.)
- Applicant must have a minimum of 1-year of instructional experience outside or within the applicant's department.
- 4. Applicant must sign the attached Authorization for Background Check.

Revised 6/1/2022

MISSISSIPPI STATE FIRE ACADEMY, 1 Fire Academy USA, Jackson, MS 39208-9600

# ADJUNCT INSTRUCTOR APPLICATION

Please check below the Instructional Bureau to which you are applying:

	EMS	Extension S	Services	Special/Ind	ustry	_ Certification	Not Sure	
<u>Please</u>	print cle	early or type.						
FULL	NAME:					_SSN #:		
STRE	ET ADD	RESS:						
MAILI	NG ADE	RESS (IF D	IFFERENT	_):				
CITY:			_COUNT	Y:		STATE:	ZIP:	
DEPA	RTMEN	T NAME:						
HOME	E PHON	E:		(	CELL PH	IONE:		
E-mail	addres	s:						
<u>Assig</u>	nments	that may b	e available	e for Associat	te Instru	ctors:		
Acade *Teacl *Teacl *Proct *Test *Off C *Delive	emy, Vo hing a co hing spe oring or validatio ampus I ering sp	I. Certification ounty or registrication observing work n. _P Burns.	on Day, etc. ional fire so sed Nationa vritten and s tations at c	 hool. al Fire Acaden	ny cours	es.	hter, Firefighter Da	ay at the
include	e any o	ther certifica	ates/transc	ripts to indica	ite speci	ific advanced tra	1041 level course aining/education	you hav

blease have accomplished. Or YOU may submit a copy of your transcript with your Adjunct Instructor application. No applications will be processed without the complete paperwork requested.

List the date you completed your Instructor NFPA 1041 course:								
Years of fire service experience:	Years with this department:							
What is your current position:	How Long?							

Do you have any Instructional Experience? Briefly describe your instructional experience	YES (describe below)NO
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 ar the best of my knowledge. I understand that, as a present documentation verifying my identity and e immigration law. I also agree to have a backgrour	condition of employment, I will be required to employment eligibility pursuant to federal
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		

Rev: 6/1/2022

#### AUTHORIZATION FOR BACKGROUND CHECK

# Please read and sign this form in the space provided below. Your written authorization is necessary for the 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