



Kelly Elliott  
Executive Director

# MISSISSIPPI STATE FIRE ACADEMY

DIVISION OF MISSISSIPPI DEPARTMENT OF INSURANCE

1 Fire Academy U.S.A. | Jackson, Mississippi | 39208-9600 | 601-932-2444



Mike Chaney  
Insurance Commissioner

## MEMORANDUM

DATE: May 14, 2024  
TO: Applicant  
FROM: Cindy Stevenson – Human Resources Director  
SUBJECT: Instructor Assessment Packet

Thank you for expressing an interest in employment with the Mississippi State Fire Academy. We are in the process of scheduling an Assessment for **June 12<sup>th</sup> and 13<sup>th</sup>**. The Academy will be conducting this assessment to develop a ready list of candidates in case a position becomes available. The annual starting salary for the position of Fire Academy Instructor is **\$57,509.76**.

Employees in the Fire Academy-Instructor classification are considered for reclassification to the Fire Academy-Instructor, Sr. classification upon the successful completion of three years of service as a Staff Instructor, contingent upon performance, the State Personnel Board approval, the Executive Director's recommendation, and **funding from the Legislature**. Instructors will work a 40-hour week. Some work hours may include nights and weekends. Supervisory personnel will set the schedule for each Instructor position accordingly.

Along with the salary, we offer many competitive benefits ranging from health insurance to a defined benefit retirement plan.

We are providing you with the following information with this packet:

- Job Description -outlines minimum qualifications. (Rev 08/22)
- Selection Procedure Outline
- Agility Test Requirements
- Physicians Statement
- Academy Benefits Summary
- State of Mississippi Experience & Training Record

Your completed application with required attachments should be returned by **Friday, May 31<sup>st</sup>** to the following address:

State Fire Academy  
Attn: Cindy Stevenson, Human Resources Office Director  
#1 Fire Academy U.S.A.  
Jackson, MS 39208-9600

If you should need any further information, please contact me at 601-420-1711 or email: [cstevenson@msfa.ms.gov](mailto:cstevenson@msfa.ms.gov).

**TRAINING SPECIALIST II  
(Staff Instructor)**

**Salary Range:** \$48,583.77 - \$57,509.76

Second-level Specialized Training and Development position accountable for developing and delivering training programs, administering certification requirements, administering assessments, providing technical assistance, and ensuring knowledge transfer. Employees are responsible for short to medium term objectives and outcomes and perform assignments under the general guidance and advice of a more experienced colleague or supervisor.

**Minimum Qualifications:**

4 Years of Experience:

A Bachelor's Degree from an accredited four-year college or university.

6 Years of Experience:

An Associate's Degree from an accredited technical or community college.

8 Years of Experience:

Graduation from a standard four-year high school or equivalent (GED or High School Equivalency Diploma).

The following courses or certifications may be applied as years of service to reduce the time required in order to meet the Minimum Qualifications.

SmokeDiver = 1 Year

MS EFO = 1 Year

National EFO = 2 Years

Instructor II = 0.5 Year

Fire Officer I = 0.5 Year

Fire Officer II = 0.5 Year

Inspector I = 0.5 Year

Investigator = 0.5 Year

A.R.F.F. = 0.5 Year

F.I.R.S.T. = 0.5 Year

Rope Rescue Technician = 0.5 Year

Confined Space Rescue Technician = 0.5 Year

Trench Rescue Technician = 0.5 Year

Hazardous Materials Technician II = 0.5 Year

\*The following EMS certifications will only be applied using the highest credit, not combined.

NREMT = 0.5 Year

NREMT-Advanced = 1 Year

Nationally Registered Paramedic = 2 Years

**Required Certifications:**

NFPA 1001-I-II Firefighter, NFPA 1002 Driver Operator, Fire Instructor I, and Hazardous Materials Technician or Rope Rescue Awareness and Operations.

**Required Experience:**

Regardless of education, training, or certifications, all applicants shall have a minimum of 4 years of experience as a Career or Volunteer Firefighter. Volunteer Firefighters will receive 0.5 years of service credit for each year as an active Volunteer Firefighter.

## SELECTION PROCEDURES FOR THE POSITION OF FIRE ACADEMY INSTRUCTOR

In order to qualify for the position of Staff Instructor, applicants must meet the requirements below:

- **The applicant must complete and submit an application (attached).** On the application, please put the official MSPB job title, Training Specialist II, for the Position/Title. Please review the attached job description for Training Specialist II for the minimum qualifications for the classification.
- Due to the physical demands of the instructor position, an agility test (attached) is required of all applicants. **The Fire Academy requires a physician's statement (dated no more than six months old) that the applicant is in good physical condition before taking the agility test.**
- The applicant must have a valid driver's license.
- After the above requirements have been met, candidates will be required to travel to the Fire Academy for the assessment center selection process. The assessment center process takes two (2) days to complete. This process will include:
  - A written assessment.
  - A job related agility test on day one. This is to ensure that instructors will be able to perform the demanding physical tasks that are an essential part of the training that instructors must deliver to trainees. Candidates should properly hydrate themselves prior to reporting for the assessment center process.
  - An instructor skills assessment that includes the development of a lesson plan from selected material, the delivery of a lecture presentation, which must be created using PowerPoint, to a group of assessors, and dealing with material that an instructor might find in his/her in basket. Candidates should be appropriately groomed and dressed for this exercise.
  - Also, on day two there will be an interview with the Assessment Team.

At the time of appointment, the applicant must be a citizen of the United States and must reside in the State of Mississippi.

Application submittal should include:

- 1) Signed Job Application
- 2) Copy(ies) of Certification to NFPA 1001-I-II Firefighter, NFPA 1002 Driver Operator, Fire Instructor I, and Hazardous Materials Technician or Rope Rescue Awareness and Operations. Additional courses/certifications may be applied as years of service to reduce the time required in order to meet the minimum qualifications. Those are as follows:

SmokeDiver = 1 Year

MS EFO = 1 Year

National EFO = 2 Years

Instructor II = 0.5 Year

Fire Officer I = 0.5 Year

Fire Officer II = 0.5 Year

Inspector I = 0.5 Year

Investigator = 0.5 Year

A.R.F.F. = 0.5 Year

F.I.R.S.T. = 0.5 Year

Rope Rescue Technician = 0.5 Year

Confined Space Rescue Technician = 0.5 Year

Trench Rescue Technician = 0.5 Year

Hazardous Materials Technician II = 0.5 Year

- 3) Signed Physician's Statement (**May be submitted with application. Must be received prior to assessment center participation, dated no more than six (6) mos. old**)

**The State Fire Academy is an Equal Opportunity Employer**

## AGILITY TEST REQUIREMENTS

All applicants for the position of Training Specialist II (Staff Instructor) shall be required to perform the following agility test as part of the assessment center/interview process.

1. The instructor candidate **shall complete a run, walk or jog 1.5 miles.**
2. **Equipment Carry-** The instructor candidate must pick up a pair of 35lb dumbbells or kettlebells, one in each hand, and carry them to a set point for a total of 75ft. Throughout the duration of this event the candidate shall wear a 50lb weighted vest.
3. **Hose Drag-** The instructor candidate must drop to one knee and pull a 1.75" hose a total of 75ft using the hand over hand method. Throughout the duration of this event the candidate shall wear a 50lb weighted vest.
4. **Victim Drag-** The instructor candidate must grasp a 165lb mannequin by the harness handles, located at the shoulders and drag it for a total of 75ft. Throughout the duration of this event the candidate shall wear a 50lb weighted vest.

\*\*\* The Equipment Carry, Hose Drag, and Victim Drag will be performed as one continuous event. This event will be timed from the beginning to the completion of all three activities.\*\*\*

5. The instructor candidate, while wearing complete Personal Protective Equipment, **shall climb the extended length of the ladder truck to the platform and shall exit onto the roof** of the drill tower, then work his way down the exterior stairs.
6. The instructor candidate, while wearing complete Personal Protective Equipment, **shall perform a search pattern in a structural fire environment.**

**NOTICE TO PHYSICIAN**

**Physician, please read the list of tasks the applicant will be required to perform and complete the bottom portion.**

Applicants for Staff Instructor will be required to perform the following tasks during the assessment center/interview process.

1. The applicant shall run, walk or jog 1.5 miles.
2. The applicant shall pick up a pair of 35lb dumbbells or kettlebells, one in each hand, and carry them to a set point for a total of 75ft while wearing a 50lb weighted vest.
3. The applicant shall drop to one knee and pull a 1.75" hose a total of 75ft using the hand over hand method while wearing a 50lb weighted vest.
4. The applicant shall grasp a 165lb mannequin by the harness handles, located at the shoulders and drag it for a total of 75ft while wearing a 50lb weighted vest.
5. The applicant, while wearing complete personal protective equipment, shall climb the extended length of the ladder truck to the platform and shall exit onto the roof of the drill tower (approximately 62 feet), then work his way down the exterior stairs.
6. The applicant, while wearing complete personal protective equipment, shall perform a search pattern in a structural fire environment.

\*\*\*\*\*

**PHYSICIAN'S STATEMENT**

I have conducted a medical examination on \_\_\_\_\_  
(Applicants Typed or Printed Name)

on \_\_\_\_\_ and have made no medical findings that contraindicate his/her  
(Date of Examination)

Participation in the physical agility testing as outlined above or from physically demanding employment.

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date Signed**

Typed Name of Doctor: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address : \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

## YOUR BENEFITS

Offered by the State of Mississippi

State Fire Academy

### Medical Insurance (revisions eff. 01/2024)

The Academy participates in the State of Mississippi Employees Self Insured Plan and has a single network for all participants, the AHS State Network.

The Select Plan has a \$1,800.00 employee deductible or a \$3,600 family deductible with an 80/20% cost sharing when you use a provider participating in the AHS State Network. Participants with Select Coverage pay only a \$25 copay for in-network primary care physician (PCP) office visits. Charges for services provided in the physician's office such as lab work and x-rays are applied a 20% coinsurance, not subject to the deductible. If you use a provider not participating in the State Network, benefits will be paid at 40% of the allowable charges, after a \$2,000.00 deductible is met. A Base Plan with a \$1,800 employee deductible or a \$3,200 family deductible is also available.

The Plan will pay 100% of approved wellness visits for participants and their covered dependents. **You must use a provider participating in the State Network to receive this benefit.**

### Health Insurance Coverage (Eff. 01/01/24)

Employee portion of coverage is \$48.00. Dependent coverage ranges from \$249 and up depending on the number of dependents, type of coverage amount, and initial state employment hiring date.

### Prescription Drug Coverage

A co-payment prescription drug program is part of the health package. Co-pays: \$12.00 preferred generic; \$30 non-preferred generic; \$45.00 Preferred Brand Drug; \$100.00 Other/Non-Preferred Drug with no generic equivalent; and, \$100 for Specialty. Before the Plan will pay any of the cost, there is a \$75.00 prescription drug deductible that must be met each calendar year.

### Life Insurance

Employees are eligible for life insurance coverage upon employment. Amount of coverage is twice yearly salary rounded to the next highest thousand. Minimum coverage is \$30,000 and maximum coverage is \$100,000. The employee contributes \$.10 per thousand for coverage.

### Optional Insurance Benefits

The Agency offers several optional insurance plans through payroll deduction such as: dental, vision, accidental death, accidental injury, cancer/dread disease, ICU, etc. Participation in these insurance benefit options may be covered under the Cafeteria Plan (Section 125) which allows your premium to be deducted before taxes are withheld from your paycheck. This allows for your taxable income to be reduced.

### Retirement System

Participation is mandatory in the Public Employees Retirement System. Employees pay 9.00% of gross salary (tax deferred); Agency contribution is 17.40% of employee's gross salary. You are fully vested in the retirement system after 4 years of service if you joined the system prior to 7/01/07 or after 8 years of service if you joined the system on or after 7/01/07. You are eligible for retirement with 25 years of service regardless of your age or age 60 with a minimum of 8 years of state service. Anyone who becomes a member of PERS after July 1, 2011, is eligible for retirement with 30 years of service regardless of age. If you have prior active military service, you can receive up to 4 years credit toward your retirement time.

### Deferred Compensation

Participation is voluntary in a supplemental retirement savings plan that is tax-deferred (salary deduction and earnings). You have a choice from several investment options. Minimum monthly deferment is \$25; Maximum is 25% of adjusted annual salary or \$18,000 per year. There is an administrative fee of \$4.25 per month. For new MDC participants, the administrative fee will not be assessed for 365 days after the date the new participant is effective in the system.

For more information check their website [www.pers.ms.gov](http://www.pers.ms.gov)

**Credit Union**

You may become a member in the Mississippi Public Employees Credit Union that offers savings accounts, CDs, Visa cards, loans, and payments of insurance premiums. There is an \$11.00 charge for joining. The membership fee is \$1; minimum balance of \$10.

**Leave and Holiday Benefits**

Ten paid holidays per year which coincide with holidays proclaimed by the President of the United States or proclaimed by the Governor. The Governor often awards additional holiday leave in conjunction with the Thanksgiving and/or Christmas observance.

Personal and Major Medical Leave accumulates at the rate below. Absences for sickness require the first eight (8) hours be personal leave.

	Leave Accumulates	
Service Time:	Personal	Major Medical
1 mo-3 yrs.	12 hrs.	8 hrs.
37 mo-8 yrs.	14 hrs.	7 hrs.
97 mo-15 yrs.	16 hrs.	6 hrs.
Over 15 yrs.	18 hrs.	5 hrs.

Any unused personal and medical leave can be used toward service time credit at time of retirement.

**Social Security and Medicare**

The employee's and the agency's contribution is currently 7.65% each.

**Workers Compensation Insurance**

Agency is self insured through the State Agencies Self Insured Plan.

**Unemployment Insurance**

The agency is self insured through the State of Mississippi Employment Security Commission.



# STATE OF MISSISSIPPI APPLICATION



**Return Completed Application to:**  
**Mississippi State Personnel Board**  
 210 East Capitol Street, Suite 800  
 Jackson, MS 39201  
 www.mspb.ms.gov

**For Staff/Official Use Only**

**Received:** \_\_\_\_\_

**Important! Please Read Before you begin the application process:**

**Applicants must complete and attach the "Supplemental Questions" page when applicable.** This page is located on the MSPB website Job Openings screen. Scroll down to the bottom of the screen and click the preferred job; when the description is displayed, click "Print Job Information." Applications failing to include this page or lacking sufficient information will be returned to the applicant as invalid. Please ensure your application is received by the closing date as indicated on the job posting.

**-TYPE OR PRINT IN BLACK INK-**

**JOB INFORMATION**

POSITION #:	POSITION TITLE:
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**PERSONAL INFORMATION**

FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE	
MONTH AND DATE OF BIRTH	WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL OR <input type="checkbox"/> PAPER	
EMAIL ADDRESS		

**EDUCATION**

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

- |   |  |   |  |   |
|---|--|---|--|---|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Some College      | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Master's Degree     | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> High School      | <input type="checkbox"/> Technical College | <input type="checkbox"/> Bachelor's Degree  | <input type="checkbox"/> Specialist's Degree |   |

**HIGH SCHOOL EDUCATION**

DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G.E.D.? YES  NO   
 IF NO, WHAT WAS THE HIGHEST GRADE LEVEL COMPLETED? 7  8  9  10  11  12

**COLLEGE/UNIVERSITY EDUCATION**

SCHOOL NAME	DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
SCHOOL LOCATION (CITY/STATE)	MAJOR
SCHOOL NAME	DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
SCHOOL LOCATION (CITY/STATE)	MAJOR
SCHOOL NAME	DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
SCHOOL LOCATION (CITY/STATE)	MAJOR

**CERTIFICATES & LICENSES**

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

**WORK HISTORY**

DATES From                      To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		

DATES From                      To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		

**WORK HISTORY**

DATES From _____ To _____		EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

DATES From _____ To _____		EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

### AGENCY WIDE QUESTIONS

1. ARE YOU CURRENTLY EMPLOYED WITH THE STATE OF MS? YES  NO

2. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY AND YOUR CURRENT JOB TITLE. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)

\_\_\_\_\_  
(AGENCY NAME)

\_\_\_\_\_  
(CURRENT JOB TITLE)

3. HAVE YOU BEEN SEPRATED WITHIN THE LAST 12 MONTHS FROM THE STATE OF MS DUE TO A REDUCTION IN FORCE (RIF)? YES  NO

4. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY, YOUR PREVIOUS JOB TITLE, AND THE DATE OF YOUR RIF SEPARATION. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)

\_\_\_\_\_  
(AGENCY NAME)

\_\_\_\_\_  
(PREVIOUS JOB TITLE)

\_\_\_\_\_  
(DATE OF RIF)

5. ARE YOU A VETERAN OF THE ARMED FORCES?  YES  NO  
(IF YOU INDICATED "YES", YOU MUST ATTACH A COPY OF YOUR DD214 OR OTHER PROOF OF SERVICES.)

6. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED?  YES  NO

7. ARE YOU AN ADULT MALE BORN ON OR AFTER JANUARY 1, 1960 WHO REGISTERED FOR SELECTIVE SERVICE BETWEEN THE AGES OF 18 AND 25?  
 YES  NO

**TO MEET THE REQUIREMENTS OF FEDERAL REGULATIONS, MSPB NEEDS TO COLLECT INFORMATION ON THE QUESTIONS BELOW FOR REPORTING PURPOSES ONLY. THIS INFORMATION WILL NOT BE USED FOR MAKING EMPLOYMENT DECISIONS. (OPTIONAL)**

8. INDICATE YOUR RACE

- AMERICAN INDIAN  
 WHITE  
 HISPANIC  
 BLACK  
 ASIAN  
 Other

9. INDICATE YOUR GENDER

- MALE  
 FEMALE

10. AGE GROUP:

- UNDER 18  
 18-25  
 26-39  
 40-54  
 55-69  
 70+

### ADDITIONAL INFORMATION

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

### APPLICANT DECLARATIONS

By signing this application, 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 the Mississippi State Personnel Board and any 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 eligibles, 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.

X \_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

