



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

MEMORANDUM



Mike Chaney
Insurance Commissioner

DATE: August 12, 2026
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 **Wednesday, September 9th and Thursday, September 10th**. The Academy will be conducting this assessment to develop a ready list of candidates in case a position becomes available. The annual salary for the position of Fire Academy Instructor is **\$75,000.00**.

Employees in the Staff Instructor classification are considered for reclassification to the Instructor Senior classification upon the successful completion of four years of service as a Staff Instructor and certification requirements, contingent upon performance, the State Personnel Board approval, the Instructor Chief'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 and career ladder. (Rev 07/24)
- Selection Procedure Outline
- Agility Test Requirements
- Physicians Statement
- Academy Benefits Summary
- Your completed application with required attachments should be returned by **Wednesday, September 2, 2026**, to the following address or by email, cstevenson@msfa.ms.gov :

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

If you need any further information on the application process, please contact me at 601-420-1711.

MSFA INSTRUCTIONAL GROUP CONTACTS

For more information on the work schedules, responsibilities, professional development opportunities, or any general questions candidates might have, please have them contact:

Chris Carrera, Instructor Supervisor, Firemanship Group

ccarrera@msfa.ms.gov

Luke Smith, Instructor Supervisor, Professional Development Group

lsmith@msfa.ms.gov

Russell McCullar, Instructor Supervisor, Special Operations Group

rmccullar@msfa.ms.gov



MISSISSIPPI STATE FIRE ACADEMY



TITLE	MINIMUM QUALIFICATIONS	MINIMUM CERTIFICATIONS	MINIMUM EXPERIENCE
FIRST RESPONDER TRAINING SUPERVISOR (INSTRUCTOR CHIEF)	2 YEARS AS A FIRST RESPONDER TRAINING TEAM LEAD OR 4 YEARS AS A FIRST RESPONDER TRAINING OFFICER II	FIRE OFFICER IV AND NATIONAL EFO OR CPM	10 YEARS EXPERIENCE, BACHELORS DEGREE 12 YEARS EXPERIENCE, ASSOCIATES DEGREE 14 YEARS EXPERIENCE, HIGH SCHOOL DIPLOMA / GED
FIRST RESPONDER TRAINING TEAM LEAD (INSTRUCTOR SUPERVISOR)	2 YEARS AS A FIRST RESPONDER TRAINING OFFICER II	FIRE OFFICER III AND NATIONAL EFO OR NATIONAL MFO OR CSM	8 YEARS EXPERIENCE, BACHELORS DEGREE 10 YEARS EXPERIENCE, ASSOCIATES DEGREE 12 YEARS EXPERIENCE, HIGH SCHOOL DIPLOMA / GED
FIRST RESPONDER TRAINING OFFICER II (SENIOR INSTRUCTOR)	4 YEARS AS A FIRST RESPONDER TRAINING OFFICER I	FIRE INSTRUCTOR I, II, III FIRE OFFICER I, II BSC FIREMANSHIP TRACK (80 Hrs) AVAILABLE COURSES: Engine Company Operations Truck Company Operations Airport Firefighter	6 YEARS EXPERIENCE, BACHELORS DEGREE 8 YEARS EXPERIENCE, ASSOCIATES DEGREE 10 YEARS EXPERIENCE, HIGH SCHOOL DIPLOMA / GED
FIRST RESPONDER TRAINING OFFICER I (STAFF INSTRUCTOR) MINIMUM REQUIREMENTS TO APPLY		PROF. DEV. TRACK (80 Hrs) AVAILABLE COURSES: Inspector I Investigator I SPEC. OPS. TRACK (80 Hrs) AVAILABLE COURSES: Rope Rescue Technician Confined Space Rescue Tech. Hazardous Materials Tech II	4 YEARS EXPERIENCE, BACHELORS DEGREE 6 YEARS EXPERIENCE, ASSOCIATES DEGREE 8 YEARS EXPERIENCE, HIGH SCHOOL DIPLOMA / GED
Courses listed below are available credits for reduction in time required for the position of First Responder Training Officer I (Staff Instructor). (Maximum of 2 Years Credit Allowed) Smokediver (1), MEFO (1), National EFO (2), Instructor II (0.5), Fire Officer (0.5), Investigator (0.5), Airport Firefighter (0.5), F.I.R.S.I. (0.5), Rope Rescue Technician (0.5), Confined Space Rescue Technician (0.5), Trench Rescue Technician (0.5), Hazardous Materials Technician II (0.5). The following EMS certifications will only be applied using the highest credit, not combined. NREMT (0.5), NREMT Advanced (1), Nationally Registered Paramedic (2). ***A maximum of 2 years service credit will be allowed.***			

JOB DESCRIPTION REQUIREMENTS

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 through the MSPB website or send detailed resume to MSFA HR Dept.** Please review the attached job description for First Responder Training Officer I 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) Application submitted to MSFA HR Dept.
- 2) Copy(ies) of Certification to NFPA 1001-I-II Firefighter, NFPA 1002 Driver Operator, Fire Instructor I, and Hazardous Materials Technician and 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:

Smoke Diver = 1 Year
MS EFO = 1 Year
National EFO = 2 Years
Instructor II = 0.5 Year
Fire Officer I & II = 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), NREMT Advanced (1), Nationally Registered Paramedic (2).

*****A maximum of 2 years' service credit will be allowed. *****

- 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 First Responder Training Officer I (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. 01/2026)

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 \$3,400 family deductible is also available. The Base Plan coverage qualifies under the IRS regulations as a high-deductible health plan that can be used

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. 01/01/26)

Employee portion of coverage is \$53.00. Dependent coverage ranges from \$277 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 18.40% 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

Credit Union

You may become a member in the Mississippi Public Employees Credit Union (MPECU) and/or Keisler Federal Credit Union that offers savings accounts, CDs, Visa cards, loans, and payments of insurance premiums. There is an \$11.00 charge for joining MPECU. The membership fee is \$1; minimum balance of \$10. There is a \$10 charge for joining Keisler Federal Credit Union. The minimum balance is \$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		
<u>Service Time:</u>	<u>Personal</u>	<u>Major Medical</u>
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 are 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? ☐ EMAIL OR ☐ PAPER	
EMAIL ADDRESS		

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

- ☐ Some High School ☐ Some College ☐ Associate's Degree ☐ Master's Degree ☐ Doctorate Degree
☐ High School ☐ Technical College ☐ Bachelor's Degree ☐ 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 ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME	DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME	DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:
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		EMPLOYER	POSITION TITLE
From	To		

ADDRESS, CITY, STATE

PHONE NUMBER	SUPERVISOR (NAME & TITLE)
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HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐

DUTIES	

[illegible]

ADDRESS, CITY, STATE

PHONE NUMBER	SUPERVISOR (NAME & TITLE)
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HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐
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DUTIES

WORK HISTORY	
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DATES From _____ To _____	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐

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 ☐ NO ☐

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 SEPARATED 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

SUPPLEMENTAL QUESTIONS

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.

ADDITIONAL WORK HISTORY

JOB INFORMATION			
JOB NUMBER:		POSITION TITLE:	
COLLEGE/UNIVERSITY EDUCATION			
SCHOOL NAME		DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:	
SCHOOL LOCATION (CITY/STATE)		MAJOR	
SCHOOL NAME		DEGREE RECEIVED	
DATES ATTENDED	DID YOU GRADUATE? YES ☐ NO ☐	DATES ATTENDED	
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	
WORK HISTORY			
DATES From To	EMPLOYER	POSITION TITLE	
ADDRESS	CITY	STATE	
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐	
DUTIES			