



MISSISSIPPI

EMERGENCY TELECOMMUNICATOR STANDARDS AND TRAINING

EMERGENCY TELECOMMUNICATOR APPLICATION FOR CERTIFICATION - PART I

READ THE INSTRUCTIONS ON PAGE 2

In accordance with the MCA § 19-5-301 et al. **Warning:** MCA § 97-7-10 Fraudulent Statements and Representations - provides for severe penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to \$10,000.00 and a jail sentence of up to five (5) years. Further, the BETST Board is authorized in § 19-5-353 (8) to cancel and recall any certificate obtained through misrepresentation or fraud.

Name: _____ SSN: _____
Give Full Name - First Middle Last

Date of Hire: _____ Date of Birth: _____ Title/ Rank: _____

Department: _____ Telephone: _____

Dept.'s Address: _____
Post Office Box or Street City & Zip Code

Has the applicant ever been certified under the ETTP? No () Yes () Certificate Number _____

Type of certification requested: _____ Law Enforcement _____ Fire _____ EMS
Number of _____ High

Education, Years Completed _____, School Diploma _____ or GED _____, Degree(s) _____

Check the block to the left if the applicant has previously filed an employment record and training record with Standards and Training. If so, these items need not be completed.

EMPLOYMENT RECORD List all employment. Begin with your most previous employment and work back. Use an additional 8.5 x 11 sheet of paper if necessary.

Agency/Department	Position	City/State		Month	Day	Year
			From:			
			To:			
			From:			
			To:			
			From:			
			To:			
			From:			
			To:			

TRAINING RECORD List all completed telecommunicator/dispatcher training. Include copies of certificates of completion. Use an additional 8.5 x 11 sheet of paper if necessary.

Name of Course	Location	Course Length		Month	Day	Year
			From:			
			To:			
			From:			
			To:			
			From:			
			To:			

INSTRUCTIONS

MCA § 19-5-303 (m) - "Telecommunicator" shall mean any person engaged in or employed as a telecommunications operator by any public safety, fire, emergency medical agency whose primary responsibility is the receipt or processing of calls for emergency services provided by public safety, fire, emergency medical agencies or the dispatching of emergency services provided by public safety, fire, emergency medical agencies and who receives or disseminates information relative to emergency assistance by telephone or radio.

Complete Parts I, II and III of the "Application for Certification" form for each newly hired emergency telecommunicator/dispatcher and return it to the Board of Emergency Telecommunications Standards and Training (BETST) within thirty days of their date of hire.

Part I

Type or print in ink when completing this form. Record the applicant's full name, social security number, date of hire as a telecommunicator/dispatcher, date of birth, current position or rank, the name of the employing agency/department, the agency's mailing address and telephone number. Indicate whether or not the applicant has ever been certified under the program by checking "yes" or "no" in the space provided. If the answer is yes, enter the applicant's certificate number. Indicate the type(s) of certification being requested. State the number of years of education completed by the applicant. Check whether the applicant has a high school diploma or GED and denote any degrees earned other than a high school diploma or GED (i.e., BS - Bachelor of Science, BA - Bachelor of Arts, etc.)

List all past employment that has been held by the applicant, beginning with the applicant's most previous employment and working back. Include the name of the employer, the position held, the city and state where employed, and the dates of said employment.

List all emergency telecommunicator/dispatcher training successfully completed by the applicant. Include copies of the certificates of completion and any other documentation available, such as a course curriculum.

Part II

This portion of the form must be completed by the applicant. **Circle** the answer that applies. A "yes" answer to any of these questions does not automatically bar anyone from obtaining certification. Any of the questions, items one (1) through eight (8) that are answered "yes" must be explained to the Board. **The explanation must be typed or printed in ink on a separate eight and a half (8½") by eleven (11") inch sheet of paper, signed and dated by the applicant and include all related court documents.**

All crimes must be reported, to include alcohol and drug related offenses. The only exceptions to this requirement are traffic offenses where the fine is less than one hundred dollars (\$100.00) and where the applicant has had fewer than four (4) traffic offenses within the preceding twenty-four (24) months. **All traffic offenses involving drugs or alcohol, are to be reported regardless of the fine. Any alternative to sentencing that has been decreed by any political subdivision must be reported including, but not limited to: pre-trial diversion, probation, fines, restitution, or community service.** The applicant must sign and date "Part II - Applicant's Background Investigation Review" before a Notary Public.

Part III

This part of the application must be completed by the head of the agency/department or someone with authority to sign in his/her name. There must be a letter on file, at this office, stating specifically who has the authority to sign in the department head's name. This letter will have to be authorized by the head of said agency/department. Each procedure must be initialed by the agency head to indicate completion of said procedure. **The applicant's fingerprints must be submitted to the Criminal Information Center of the Mississippi Department of Public Safety (see the address below).** If procedure number four (4) is not applicable to the telecommunicator in question enter N/A in the space provided. **The "Application for Certification" form, Part III, must be signed and dated before a notary public by the agency head or someone with authority to sign in the agency head's name.**

Mail fingerprints to:
Mississippi Criminal Information Center/ MCIC
Department of Public Safety
Attn: Applicant Processing
3891 Hwy 468 W
Pearl, MS 39208
601-933-2600

PART II - APPLICANT'S BACKGROUND INVESTIGATION REVIEW

IMPORTANT, READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

Circle One

- 1. Have you ever been a defendant in a court martial, Article 15, Captain's Mast or other nonjudicial punishment? Yes No
- 2. Has a judgement ever been issued against you? Yes No
- 3. Have you ever been arrested or charged with a crime? Yes No
- 4. Have you ever received any alternatives to sentencing such as probation before judgement, pretrial diversion, non-adjudication of guilt or have you ever had an expungement? Yes No
- 5. Have you ever been found guilty or pled guilty or no contest to a crime? Yes No
- 6. Have you ever been refused a surety bond or turned down for employment that required a surety bond? Yes No
- 7. Have you ever: (a) been suspended for any reason from any employment; (b) been terminated from any employment; (c) resigned to prevent termination from any employment; (d) resigned prior to, during or at the conclusion of any such investigation into your activities? Yes No
- 8. Have you ever had a certificate, license or privilege removed, revoked, suspended, or voluntarily relinquished the same under state, federal or other laws? Yes No

I, the undersigned do hereby authorize and direct any duly authorized representative of a public safety agency to provide the POST full and complete disclosure of any information, public and private, pertaining to myself or my employment as required by the POST regarding my certification and my qualifications to be a certified telecommunicator. It is my intent to provide full and free access to all information about me including my: work record, background and reputation, military records, educational records, financial status, criminal history and/or arrest record, information in investigatory files, job performance, attendance records, complaints or grievances, records or recollections of attorneys whether representing me or another person in any case in which I have had an interest, polygraph examinations, internal affairs investigations, discipline files and files which are deemed to be confidential and/or sealed.

I further authorize and direct the POST to provide copies of said records and/or any other record or document contained or related to my certification application and record to any duly authorized representative of a public safety agency.

I hereby release the POST and its authorized agents, the public safety agency and its authorized agents and all others, individually and collectively, from any and all liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I understand that should any information of a criminal nature surface, the information may be turned over to the appropriate authorities.

I, the undersigned, do hereby swear and affirm that I am a citizen of the United States, by birth or naturalization, that I have never been convicted, pled guilty, pled nolo contendere, fined, ordered into probation or pre-trial diversion in relation to a felony or a misdemeanor involving moral turpitude, that I have a valid high school diploma or its equivalent, that my discharge (if any) from the Armed Forces was under honorable conditions, that I am of good moral character, **that I have provided my employer with a full explanation (without any omissions) of each and every "yes" answer to the above questions, one (1) through eight (8) of Part II of the "Application for Certification" form, and that these explanations (if any) are attached to this form,** that I am at least eighteen (18) years old, that I have read and understand this form, all the instructions contained therein and do hereby confirm that all of the information contained in this application and/or all other information I furnish in conjunction with my application is true and correct.

Witness my signature this, the _____ day of _____, 20__.

Applicant's Signature

Print Applicant's Name

NOTARY PUBLIC

I, the undersigned authority in and for _____ County and State, do hereby attest that the above individual did personally appear before me. Who being by me first duly sworn on oath, depose and state that he or she is the individual named in Part II of the "Application for Certification and Background Investigation Review" form, and that the said individual signed Part II of the foregoing "Application for Certification and Background Investigation Review" form.

GIVEN under my hand and official seal this, the _____ day of _____, 20__.

Notary Public _____

PART III - AGENCY BACKGROUND INVESTIGATION REVIEW

Warning: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to \$10,000 and a jail sentence of up to 5 years. Further, the BETST is authorized in MCA § 19-5-353 (8) to cancel and recall any certificate obtained through misrepresentation or fraud.

The agency head or authorized signatory must initial (ex. - JD 1. A personnel ...) the procedures that have been completed on the applicant named in this form. **All the procedures are required to be completed with the possible exception of procedure number four (4).** If the applicant has not served in the military enter N/A in the space provided.

- initial 1. A personnel file on the applicant has been created and is being maintained at this agency. The file includes a release of information form or a letter allowing the release of information signed by the applicant. Copies of all the documents referenced below, in items two (2) through six (6) of Part III of the "Application for Certification" form, are included in this file. This file will be maintained as long as the applicant is employed with this agency, and the file will be made available to the BETST upon receipt of a written request.
- initial 2. A complete background investigation on the applicant has been performed, has been reviewed by me and a copy of the background investigation is included in the applicant's personnel file.
- initial 3. The applicant's fingerprints have been submitted to the Criminal Information Center of the Mississippi Department of Public Safety as a part of the background investigation and a copy of the FBI report will be included in the applicant's personnel file.
- initial 4. The applicant's official Certificate of Release or Discharge From Active Duty (D.D. Form 214) has been reviewed by me and a copy is included in the applicant's personnel file.
- initial 5. The applicant's official documentation certifying successful completion of high school or completion of the General Educational Development (GED) Testing Program has been reviewed by me and a copy is included in the applicant's personnel file.
- initial 6. I have reviewed appropriate official documents certifying the applicant's age and citizenship and copies of said documents are included in the applicant's personnel file.

I, the undersigned, do hereby swear and affirm that I or individuals under my supervision have made a thorough background investigation of this applicant, (print applicant's name), including any answers of "yes" to questions one (1) through eight (8) in Part II of this form and written explanations for those answers are attached. I certify that all the procedures in Part III, one (1) through six (6), that are applicable to the officer in question have been completed, that to the best of my knowledge that the applicant is at least eighteen (18) years of age, that I have contacted each of the applicant's past employers (if any), that I am satisfied that the applicant is of good moral character, that the applicant has never been convicted, pled guilty, pled nolo contendere, fined, ordered into probation or pre-trial diversion in relation to a felony or a misdemeanor involving moral turpitude, and that the applicant is a telecommunicator as defined in **MCA § 19-5-303 (m)**.

Witness my signature this, the _____ day of _____, 20__.

Agency Head's/Authorized Signatory's Signature Title

Agency Head Email Address (Required)

NOTARY PUBLIC

I the undersigned authority in and for _____ County and State do hereby attest that the above individual did personally appear before me. Who being by me first duly sworn on oath, depose and state that he or she is the individual named in Part III of the "Application for Certification and Background Investigation Review" form, and that the said individual signed Part III of the foregoing "Application for Certification and Background Investigation Review" form.

GIVEN under my hand and official seal this, the _____ day of _____, 20__.

Notary Public _____