

## **Fiber Optic Technician Training Application**

Name Preferred:	SSN:	Date of Birth:	
Gender: □ Female □ Male	Ethnicity:   Not Hispan	ic/Latino   Hispanic/Latino	
Race: ☐ Asian ☐ Black/African Ai ☐ White	merican 🗆 American Indian/A	Naska Native 🗆 Native Hawaiia	an/Pacific Islander
Mailing Address:			
City	StateZip	County	
Education: Please indicate which of  □ 9 Less than High School  □ 1 High School degree  □ 2 GED or HSE  □ 4 Some College (no degree		your level of education: Post-secondary/vocational certificate Associate's degree Bachelor's degree Graduate/Professional degree	For Office Use
	☐ 2 Unemployed	Shoe Size (D med width or EE wide width, ex 12 D or 12 FF):	CRC Scores
☐ 1 Employed ☐ Retired  Employment Type:	☐ 2 Unemployed ☐ 3 Temporary ☐ 4 Seaso	width or EE wide width, ex 12 D or 12 EE):	CRC Scores           AM            GL            WD
□ 1 Employed □ Retired  Employment Type: □ 1 Part Time □ 2 Full Time	☐ 3 Temporary ☐ 4 Seaso	width or EE wide width, ex 12 D or 12 EE):	CRC Scores  AM  GL
Employment Type:	□ 3 Temporary □ 4 Seaso	width or EE wide width, ex 12 D or 12 EE):	CRC Scores  AM  GL  WD  CRC Level

Funding for this program is provided by a Delta Workforce Development Area (DWDA) grant and Mississippi Community College Board (MCCB).

Mississippi Delta Community College reserves the right to cancel this training due to unforeseen circumstances.

Mississippi Delta Community College does not discriminate on the basis of age, race, color, national origin, religion, sex, sexual orientation, gender identity or expression, physical or mental disability, pregnancy, or veteran status in its educational programs and activities or in its employment practices. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Steven Jones, Vice President of Administrative and Student Services, Stauffer-Wood Administration Building, Suite 119, Office 123, P. O. Box 668, Moorhead, MS 38761, 662-246-6304; EEOC@msdelta.edu.

Previous Work History (You may include a resume or additional pages to show complete work history)

Name of employer:	Dates of employment: From	To
City, State, Zip		
Name of immediate supervisor		
Give a brief description of what you did on the job:		
Name of employer:	Dates of employment: From	To
City, State, Zip		
Name of immediate supervisor		
Give a brief description of what you did on the job:		
<u> </u>		
Name of employer:	Dates of employment: From	To
City, State, Zip		
Name of immediate supervisor		
Give a brief description of what you did on the job:		
Name of employer:	Dates of employment: From	To
City, State, Zip		
Name of immediate supervisor		
Give a brief description of what you did on the job:		

## MOU – Memorandum of Understanding Physical and Personal Requirements

Please initial each statement, then sign and date below indicating that you understand the physical and personal requirements for the MDCC Fiber Optics Technician Training Program.

Print Name			
Signatur	re 		
Cianat	Date:		
requirer withdra issued to I further	tand I am applying for acceptance in the MDCC Fiber Optics Technician and will meet or exceed the ments described above. I also understand if I do not meet the expectations of the program, I can willfully w or be asked to leave. If I do not complete the program and/or its requirements, I cannot take any items o me and must return them to the instructors.  Tunderstand that any money owed to the school will be paid, and I must enter into agreement with the usiness Office to do so.		
	Must have a valid personal email address & cell phone number listed on the application.  Must have good communication skills.  Ability to take and understand directives and complete tasks with limited supervision.  Ability to plan and lay out all assigned duties in a safe and efficient manner.  Ability to assume a lead role and direct the work of other trainees.  Ability to stand a minimum of five to six hours on the ground — may be in a bucket on a line truck or at the top of a distribution pole with additional weight from tool belt or climbing equipment in all weather conditions.  Ability to sit for a minimum of two to three hours — may be driving a truck.  Ability to move frequently to unload equipment and to install/maintain/repair equipment.  Ability to lift up to 75 pounds.  Ability to push/pull weights up to 100 pounds.  Ability to frequently climb and use authorized equipment to reach various heights and breadths.  Ability to frequently and repetitively bend/stoop/squat.  Ability to differentiate between colors (color vision).  Ability to learn through classroom instruction, training and repetitive motions.  Ability to recognize hazards during training and have the ability to mitigate the hazards.  Ability to maintain and care for school equipment properly and safeguard assets.  Manual dexterity to operate small hand tools, turn small knobs, etc.  Ability to work comfortably at various heights up to 65 feet, without anxiety or fear, with both hands free, depending only on your climbing hooks and safety harness for support.  Ability to meet the public in a pleasant and tactful manner and understand the importance of you representing MDCC during any sanctioned events, field trips, and while on campus.  Must adhere to all MDCC student policies, pay traffic fines timely, and pay any other charges to the Business Office as agreed upon. You will not graduate or receive your certificates and/or credentials if you owe MDCC at the time of graduation.  Demonstrate Team Work and inclusiveness of all trainees.		
	Must have a valid personal email address & cell phone number listed on the application.		

## Mississippi Delta Community College Electrical Utility Lineman

## Trainee Memo of Agreement

My initials and signature below indicates that I have read and do understand the following provisions regarding my participation in training through Mississippi Delta Community College. I understand that I am voluntarily enrolled in a class of instruction to improve my skill or to learn a new skill so that I might qualify myself for a job. I realize that I will not be paid as a student while in training; therefore, there is no Worker's Compensation coverage during the training period. I understand that I am responsible for any health issues or accident related incidents. There is no medical insurance associated with this training program. I will notify my instructor(s) of any accident the same day while training. I understand that there is an attendance policy and tardiness policy -3 absences are allowed if absolutely necessary. 3 tardies = 1 absence. Contact the lead instructor if you are late or absent. I understand that to successfully complete the training and receive a Mississippi Delta Community College certificate. I must complete written tests as well as perform application exercises to identified standards, meet the attendance standard, and clear my MDCC account of any holds prior to graduation. I am aware that my training may be terminated by the instructor or the supervisor of this training program if I am a detriment to the learning of others or if my behavior is a safety risk to myself or others during my training. I understand that there will be no cell phones allowed in the classroom for use or charging. I understand that by participating in this training program I am under no obligation to accept work with a specific employer. I know that taking part in this training does not mean that I will be offered a job. I also understand that at the conclusion of this training program I am free to accept or reject any offer of employment. I understand that I am a guest on this campus and will abide by the rules of conduct outlined by MDCC and this Trainee Memo of Agreement. I am subject to disciplinary sanction by the VP of Student Services Office should I violate any rules. I understand that I will not be allowed to use any tools, climbing hooks, belts, etc. except those issued by the school. I am financially responsible for any lost items. Signature Please print your name

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Date