



Fiber Optic Training Program Application

Class dates: January 11, 2027-May 3, 2027 (16 weeks)

Location – MDCC Capps Center, Indianola, MS

Class times – 8:00 am – 4:00 pm, Monday – Thursday

Applications will be accepted October 5, 2026-November 5, 2026.

Incomplete and/or late applications will not be considered.

Space is limited. Make sure your application is **complete and submitted** by the above deadline.

What you will learn over 16 weeks of training

- Drive commercial vehicles with automatic and standard shift transmission, maneuver, back up, and park a trailer
- Climbing Procedures; Basic Pole inspection fall prevention
- Climbing Procedures; Basic Pole climbing outside
- Forklift Safety Training and ATV Training and CDL Training
- Assist in the burying of cable and other related work
- Safely operate vehicles and equipment (bucket trucks, digger derrick trucks, etc.)
- Differentiate between an energized and de-energized structure and recognize hazards
- Ladder Training/Service Drop and terminating training on messenger wire
- Practical skills in splicing, terminating, testing, and commissioning fiber optics cables

Cost for Training

Mississippi Residents: Cost \$1,000...Funding available through WIN Job Center, Delta Health Alliance and various non-profit organizations, must meet their requirements.

Admission Requirements

All Fiber Optic trainee applicants must:

- Be at least 18 years of age
- Obtain a Mississippi CDL Class A permit with Air Brakes. The permit requires a certified D.O.T. Physical prior to **November 5, 2026**. The costs for the MS CDL Class A Permit and physical are not reimbursed.
- D.O.T drug screen dated anytime between **October 5, 2026** to **November 5, 2026**. The cost for the D.O.T drug screen is not reimbursed.
- Request a MS Motor Vehicle Report from the Mississippi Department of Public Safety at https://www.ms.gov/dps/license_renewal/MVR (must be dated between **October 5, 2026** to **November 5, 2026**. Provide a copy of each of the below:
 1. Valid MS Commercial Driver's License Class A Permit (front and back) and a Copy of D.O.T Physical
 2. D.O.T Drug Screen (negative)
 3. Social Security card
 4. MS Motor Vehicle Report

Please DO NOT send original medical examiner's certificate and medical exam report form. We will not be responsible for returning any original documents needed to earn the CDL.

***NOTE: It is your responsibility to ensure all documents are received; failure to provide all documents will result in an INCOMPLETE APPLICATION. Applications received after November 5, 2026 will not be considered.**

Mail Application to:

The Capps Technology Center
Attn: Fiber Optic Training Program
920 Highway West
Indianola, MS 38751

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 Optic Training Program.

- _____ 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.

I understand I am applying for acceptance in the MDCC Fiber Optic Training Program and will meet or exceed the requirements described above. I also understand if I do not meet the expectations of the program, I can willfully withdraw or be asked to leave. If I do not complete the program and/or its requirements, I cannot take any items issued to me and must return them to the instructors. I further understand that any money owed to the school will be paid, and I must enter into agreement with the MDCC Business Office to do so.

Signature

Date: _____

Print Name

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

Date



Fiber Optic Construction/Lineman Training Application

Please Print

Full Name (last, first and middle initial) _____

Name Preferred: _____ SSN: _____ Date of Birth: _____

Gender: ☐ Female ☐ Male Ethnicity: ☐ Not Hispanic/Latino ☐ Hispanic/Latino

Race: ☐ Asian ☐ Black/African American ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander
☐ White

Mailing Address: _____

City _____ State _____ Zip _____ County _____

Day Telephone Number: () _____ - _____ Email: _____

Education: Please indicate which of the following best describes your level of education:

- | | |
|---|--|
| ☐ 9 Less than High School | ☐ 5 Post-secondary/vocational certificate (no degree) |
| ☐ 1 High School degree | ☐ 6 Associate's degree |
| ☐ 2 GED or HSE | ☐ 7 Bachelor's degree |
| ☐ 4 Some College (no degree) | ☐ 8 Graduate/Professional degree |

Employment Status:

☐ 1 Employed ☐ Retired ☐ 2 Unemployed

Employment Type:

☐ 1 Part Time ☐ 2 Full Time ☐ 3 Temporary ☐ 4 Seasonal

Are you physically able to climb? ☐ Yes ☐ No

Military Experience: ☐ Yes ☐ No Branch/Years of Service: _____

Signature _____ Date _____

CDL Class a Learners Permit # _____

Other Certifications attached: _____

Shoe Size (D med
width or EE wide width,
ex 12 D or 12 EE):

Shirt Size: _____

For Office Use Only

Date of test _____

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 race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: The Associate VP for Institutional Effectiveness, Boggs-Scroggins Student Services Center, P.O. Box 668, Moorhead, MS 38761, 662-246-6558.

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: _____	

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City, State, Zip _____	
Name of immediate supervisor _____	
Give a brief description of what you did on the job: _____	

Mail application and supporting documents to:

MDCC / The Capps Technology Center
Attn: Fiber Optic Training Program
920 Highway 82 West, Indianola, MS 38751
or

Deliver to:

The MDCC Capps Technology Center
920 Hwy 82 West, Indianola, MS 38751
(West of the Dollar General Distribution Center)

ALL DOCUMENTS DUE BY November 5, 2026

Before you mail your application, be sure to attach:

- ☐ Application
- ☐ Copy of your Social Security card, MS CDL Permit Class A (FRONT & BACK), DOT Drug Screen, Certifications/Licenses, MOU, and Trainee Memo of Agreement
- ☐ Motor Vehicle Report

