

<i>Job Title</i>	Access Control Technician	<i>Job Code</i>	2	<i>FLSA</i>	Hourly
<i>Job Family</i>	Administrative Support Workers	<i>Grade</i>			
<i>Department</i>	Security	<i>Created Date</i>	9/8/2016		
<i>Reports to</i>	Supervisor, Communications & Administration (Badging)	<i>Revised Date</i>			

JOB SUMMARY

To perform a variety of technical duties in support of the Airport Security Department including coordination and implementation of procedures for operating and maintaining an automated access control and identification system and other general duties as assigned in support of the Division. Involves vetting individuals and issuing, tracking, and auditing airport credentials based on Title 49 Code of Federal Regulations – 1542 series and TSA Security Directives.

ESSENTIAL DUTIES & RESPONSIBILITIES

- Coordinates and implements procedures used to maintain the automated access control system including the capture and recording of fingerprints via electronic equipment; maintenance of accurate system records, scheduling, and training as necessary.
- Maintains a confidential records management system.
- Prepares reports on system elements as required or requested.
- Coordinates communications with airport tenants and customers.
- Prepares letters, memos, forms, and other correspondence and documents; proofreads typewritten material to ensure accuracy.
- Provides a variety of information and assistance to employees, tenants, and customers. Performs related duties and responsibilities as required.
- May perform other duties as assigned.

LEADERSHIP AND SUPERVISORY

- The position receives general supervision from the Security Manager.
- The position does not supervise others.

EDUCATION & EXPERIENCE (including required licenses or certifications)

- A general high school education should be sufficient; with the appropriate aptitude, most of the skills are learned on the job.
- 1-2 years of office experience would be helpful.
- Prior experience in law enforcement would be valuable.

COMPETENCIES

Employee Core

- *Customer Focus* - The ability to proactively meet the needs of internal and external customers in order to provide best-in-class customer experiences.
- *Continuous Improvement* - The knowledge of goal setting and measuring performance in order to improve processes and procedures.
- *Communication* - The ability to express thoughts effectively to encourage productive dialogue and generate useful information.
- *Collaboration* - The ability to work cooperatively with others to build the strength of the team.
- *Commitment* – The ability to take personal responsibility due to one’s sense of ownership and pride in the Authority.

Job-Specific Knowledge, Skills & Abilities

- Ability to navigate the internet.
- Ability to take fingerprints.
- Ability to maintain confidentiality.
- Ability to apply knowledge of modern office practices and associated business equipment.
- Ability to relate effectively with airport employees and the general public, demonstrating verbal and written communications skills.

ENVIRONMENT & WORKING CONDITIONS

- Work is performed in an office setting.

PHYSICAL DEMANDS (including requirements for travel or working nights/weekends/holidays)

Requires:

- Sitting about ½ the time with walking around, standing, bending, and twisting while performing duties and filing information.
- Hearing and visual acuity to carry out the work.

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential duties of this job.

****WE ARE AN EQUAL OPPORTUNITY EMPLOYER****

EOE, M/F, D/V

APPLICANT DATA RECORD

All applicants are considered for the applied position without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability (if performance ability coincides with job requirements), or any other legally protected status.

Solely to help us comply with government record keeping, reporting and other legal requirements, we ask that you complete this Applicant Data Record. We appreciate your cooperation. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or your personnel file. Periodic Reports are made to the government on the following information.

YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Position Applied For: Access Control Technician	Today's Date:
Name (Last) (First) (MI)	Social Security Number:
Address:	Telephone Number:
City State Zip	Date of Birth
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Check one of the following: (Ethnic Origin)	
<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	
Referral Source: <input type="checkbox"/> College/Tech School <input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Agency	
<input type="checkbox"/> Walk-In <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other-Specify_____	



100 INTERNATIONAL DRIVE SUITE 300
JACKSON, MISSISSIPPI 39208

Application For Employment
(Please Print or Type in Black Ink)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, religion, gender, national origin, age, veteran status, the presence of a non-job related physical or mental condition, handicap, or disability, or any other legally protected status. If you require accommodation or assistance in completing this application or in any stage of the employment process, please let us know.

APPLICATION FOR: Access Control Technician

ADVERTISEMENT PERIOD: 02/27/2019-03/13/2019

PERSONAL

NAME (Last) (First) (Middle Initial)

ADDRESS (Street Address) (City) (State) (Zip)

HOME PHONE NO. () ALTERNATE PHONE NO. ()

SOCIAL SECURITY # EMAIL

DRIVER LICENSE # Class Expiration State

When will you be available to begin if selected for the position?

Are you available to work shifts? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

(Proof of citizenship or immigration status will be required upon employment)

Have you ever been employed with JMAA before? Yes No

If yes, give dates

Have you ever been convicted of a crime other than minor traffic violations? Yes No

If yes, state nature of offense, when, where and disposition

(A conviction will not necessarily disqualify an applicant from employment)

Do you have any relatives presently employed by the Jackson Municipal Airport Authority? Yes No

If yes, list names and relationship

Employment with the Jackson Municipal Airport Authority is contingent upon the ability to be granted and maintain ID/secure media badge as regulated by TSA, and a valid drivers license and motor vehicle report in compliance with JMAA's Drivers Policy. A comprehensive pre-employment background check includes an education/experience investigation, a medical physical exam, a drug/alcohol screen, a motor vehicle report and a fingerprint-based criminal history record check.

NAME: _____ SOCIAL SECURITY NO.: _____

Education & Training

	High School				College/Technical/Business				Graduate School				
School Name & Location													
Years Completed (Circle)	9	10	11	12	1	2	3	4	1	2	3	4	5
Diploma/Degree (Verification of education required) Describe Course of Study:													
Describe Specialized Training, Apprenticeships, Skills, Extra-Curricular Activities, Foreign Languages:													

Employment Experience

Start with your present or last job. If unemployed, start with your immediate past employment. Be specific and complete. Include military service assignments and volunteer activities. Any military service must be documented by providing a DD214 along with this application. Exclude organizational names that indicate race, color, religion, gender, national origin, disabilities or other protected status. Explain any gaps between employments. Failure to explain any gaps in employment will be justification for your disqualification from the selection process. Use additional sheets if necessary.

Your Job Title _____	Telephone No. (_____) _____
Company Name _____	Employed (Indicate Month, Day and Year)
Address _____ _____	From _____ To _____
Name of Supervisor _____	Annual Salary Start _____ Last _____
Describe Your Duties _____ _____ _____	Reason for Leaving _____ _____
	May We Contact This Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If No, Please Explain _____
Full Time _____	Part-Time _____

NAME: _____ SOCIAL SECURITY NO.: _____

Your Job Title _____

Telephone No. (_____) _____

Company Name _____

Employed (Indicate Month, Day and Year)

Address _____

From _____ To _____

Name of Supervisor _____

Annual Salary
Start _____ Last _____

Describe Your Duties _____

Reason for Leaving _____

May We Contact This Employer? Yes No

If No, Please Explain _____

Full Time _____

Part-Time _____

Your Job Title _____

Telephone No. (_____) _____

Company Name _____

Employed (Indicate Month, Day and Year)

Address _____

From _____ To _____

Name of Supervisor _____

Annual Salary
Start _____ Last _____

Describe Your Duties _____

Reason for Leaving _____

May We Contact This Employer? Yes No

If No, Please Explain _____

Full Time _____

Part-Time _____

Your Job Title _____

Telephone No. (_____) _____

Company Name _____	Employed (Indicate Month, Day and Year)
Address _____ _____	From _____ To _____
Name of Supervisor _____	Annual Salary Start _____ Last _____
Describe Your Duties _____ _____ _____	Reason for Leaving _____ _____
	May We Contact This Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If No, Please Explain _____
Full Time _____	Part-Time _____

Additional Skills

State any additional information you feel may be helpful to us in considering your application.

Indicate any professional licenses or certificates, license numbers, their expiration dates and issuing agency.

Professional References:

List the name, title, contact information, and relationship of at least three references who are not related to you.

Name	Title	Contact Information	Relationship

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that an investigation of all statements contained in this application for employment will be conducted, to include at a minimum: personal and business references; employment history; education/technical training; and military service. If a conditional offer of employment is extended, I understand that my hiring may be contingent upon successful completion of job-related testing, a medical examination, an alcohol and drug screening, a criminal background investigation, and a motor vehicle report. I understand that for Certified Police Officer positions, a psychological examination is also required. I agree, upon request, to sign all necessary authorization and consent forms.

Signature of Applicant

Date

THIS APPLICATION FORM MUST BE COMPLETED IN FULL, SIGNED AND DATED.



Jackson Municipal Airport Authority

Human Resources Department

Post Office Box 98109

Jackson, MS 39298-8109

Fax: (601) 664-3514

Authorization to Release Employment Information

I hereby authorize the Jackson Municipal Airport Authority to obtain information pertaining to my employment, attendance, performance reports, and disciplinary records from previous or current employers. I hereby authorize release of this information. This release is executed with full knowledge and understanding that the information is for the official use of the Jackson Municipal Airport Authority only as may be necessary in arriving at an employment decision.

I hereby release you, as the custodian of such records, from any and all liability for damages of any kind because of compliance with this authorization, and request you to release the information requested.

Please print all information legibly with black ink.

Full Name _____ Social Security Number

Current Address

Telephone Number(s) (Day) (Evening)

Signature of Applicant _____ Date