Jackson Municipal Airport Authority

Airport Operations Agent

| Job Title | Airport Operations Agent | Job Code 49 | FLSA Nonexempt |
|------------|---|--------------|----------------|
| Job Family | Security | Grade | |
| Department | Airport Operations | Created Date | 8-23-16 |
| Reports to | Supervisor, Landside/Airside Operations | Revised Date | |

JOB SUMMARY

Responsible for providing general security program compliance enforcement specifically within the Airport Sterile, Secure, and SIDA designated areas, at terminal drives, public and employee parking areas, vehicle access points, as well as terminal, adjacent ramp, and airfield areas.

ESSENTIAL DUTIES & RESPONSIBILITIES

- Assists the general public by providing directions, responding to questions and inquiries, and relaying on-site requests for assistance.
- Patrols assigned airport property in a vehicle or on foot to support and enforce security, ground transportation services, and public safety regulations.
- Gathers survey information from travelers regarding taxi, shuttle, checkpoint, flight wait times, and service quality.
- Monitors wait times at taxi stands, TSA security screening, and baggage claim wait times.
- Issues airport rules violation citations as necessary, maintains records related to citations, and prepares daily activity logs.
- Monitors and directs vehicle and pedestrian traffic flow to and from the airport terminal building to reduce traffic accidents and incidents.
- Responds to door alarms and reports incidents.
- Reports suspicious activities and individual security and safety hazards.
- Inspects assigned vehicles and equipment for maintenance or repairs.
- May appear in court to present evidence and testify as necessary and may assist sworn officers with traffic control and response to emergency situations.
- Documents incidents, accidents, or occurrences in writing, reporting essential information in accordance with department policy and procedures.
- Complies with department and division policies, plans, and procedures. Performs other
 duties as required to ensure security and safety at the airport.
- May perform other duties as assigned.

LEADERSHIP AND SUPERVISORY

- Receives general supervision from the Security Supervisor and/or Security Manager.
- Does not have any lead or supervisory authority over others.

EDUCATION & EXPERIENCE (including required licenses or certifications)

- High School diploma.
- Associates Degree and/or advanced study in Security and/or Airport Operations is helpful but not required.
- Some previous experience working in the security field with extensive public contacts is helpful.
- Possess a Mississippi Driver's License.

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 observe and recognize circumstances that may require investigation or intervention.
- Ability to intervene in a conflict situation and reach resolution.
- Problem-solving skills to help travelers in need.
- Customer-service skills required to interact in a friendly yet professional manner.
- Ability to deal with the public in conflict or stressful situations.
- Knowledge and understanding of Airport rules and regulations.
- Ability to obtain an AOA Driver's License.
- Ability and willingness to enforce parking and traffic rules and issue citations, when necessary.

ENVIRONMENT & WORKING CONDITIONS

Work is performed both inside the terminal and outside on the field and land-side. As such, may be exposed to environmental conditions.

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

- Standing, walking, and bending to patrol the property.
- May be called upon to assist travelers with luggage weighing up to 50 lbs.
- Vision to drive, observe traveling public, and complete written reports.
- Manual dexterity to file computer reports and enter data into iPads.

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

| Manager Signature | Date | |
|--------------------|----------|--|
| Employee Signature | Date | |

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 | d For: | | | Toda | ay's Date: | | | |
|------------------|-----------------|----------------|--------------|------|--------------|-------|---------|---------------------|
| Name | | | | | | | | |
| (Last) | (First) | | (MI) | Soci | ial Security | Numb | oer: | |
| Address: | | | | Tele | phone Nu | mber: | | |
| | | | | | | | | |
| City | State | Zip | | Date | of Birth | | | |
| | | | | | | | | |
| Check One: | | | Male | | | | | ☐ Female |
| Check one of t | he following: (| Ethnic Origin) | | | | | | |
| □ White | | ☐ Hispan | ic | | | Ameri | can Inc | lian/Alaskan Native |
| | | | | | | | | |
| ☐ African A | merican | ☐ Asian/F | acific Islan | der | | | Other | |
| Marital Status: | | | Married | | | | | Single |
| Referral Source | e: 🗌 Colle | ge/Tech School | | New | spaper | • | | Employment Agency |
| □ Walk-In | ☐ Fri | end/Relative | | | Other-Sp | ecify | | |



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: Airport Operations Agent

ADVERTISEMENT PERIOD: 04/16/2018 - 04/30/2018

| | P | PERSONAL | | |
|---|-----------------------|-----------------------|------------------|-------|
| NAME | | | | |
| (Last) | (First) | | (Middle Initial) | |
| ADDRESS | | | | |
| (Street Address) | (City) | | (State) | (Zip) |
| HOME PHONE NO. () | ALTE | RNATE PHONE NO | 0. () | |
| SOCIAL SECURITY # | | | | |
| DRIVER LICENSE # | Class | Expiration | State | · |
| When will you be available to begin if s | elected for the pos | sition? | | |
| 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 employn | ment) | | |
| Have you ever been employed with JM | AA before? | | Yes | _ No |
| If yes, give dates | | | | |
| Have you ever been convicted of a crin | ne other than mino | r traffic violations? | Yes | _ No |
| f yes, state nature of offense, when, w | here and dispositio | on | | |
| | | | | |
| (A conviction will not necessarily disqualify an a | | | | |
| Do you have any relatives presently em | ployed by the Jacl | kson Municipal Airp | oort Authority? | Yes1 |
| f 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.

| Education & Training | | | | | _ SECURIT | 1 110 | | | | | | |
|--|------------|-----------|--------------|------------|--------------|---|------------------------------|-------------------------|-----------------|-----------|---------|------|
| | | | | | | | | | | | | |
| | | High S | chool | Co | llege/Tech | nical/Busi | ness | | Gradu | ate S | chool | |
| | | | | | | | | | | | | |
| School Name & Location | | | | | | | | | | | | |
| Years Completed | | | | | | | | | | | | |
| (Circle) | 9 | 10 | 11 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | |
| | 12 | | | | | | | 5 | | | | |
| Diploma/Degree (Verificati | on of ed | ducation | required) | | | | | | | | | |
| Describe Course of Study: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Describe Specialized Traini | ng, App | rentices | hips, Skills | , Extra-C | urricular Ad | ctivities, F | oreign La | anguag | es: | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Employment Experience | | | | | | | | | | | | |
| Start with your present or last | st job. I | f unem | oloyed, star | t with yo | ur immedia | te past en | nploymer | nt. Be | specif | fic and | d comp | lete |
| Include military service assign | nments | and v | olunteer ac | tivities. | Any militar | y service | must be | docu | mente | d by | providi | ng |
| DD214 along with this applic | | | | | - | - | | | | - | | |
| disabilities or other protected | | | Ü | | | • | , | • | J | • | | |
| | Status. | ⊨xpiai | n anv daps | between | emplovme | nts. Failu | re to exi | olain a | nv dar | s in e | volame | mer |
| • | | - | | | | | | | | | employ | mer |
| will be justification for your d | | - | | | | | | | | | employ | mer |
| will be justification for your d | isqualific | cation fi | rom the sel | ection pro | ocess. Use | e additiona | al sheets | if nec | essary | '. | | |
| • | isqualific | cation fi | rom the sel | ection pro | ocess. Use | | al sheets | if nec | essary | '. | | |
| will be justification for your d | isqualifid | cation fi | rom the sel | ection pro | ocess. Use | e additiona | al sheets | if nec | essary | | | |
| will be justification for your d | isqualifid | cation fi | rom the sel | ection pro | ocess. Use | e additiona | al sheets | if nec | essary | | | |
| will be justification for your description of Your Job Title Company Name | isqualifid | cation fi | rom the sel | ection pro | Te | e additiona | No. (| if nec | essary | and Y | 'ear) | |
| will be justification for your d | isqualifid | cation fi | rom the sel | ection pro | Te | e additional | No. (| if nec | essary | and Y | 'ear) | |
| Your Job Title Company Name Address | isqualifid | cation fi | rom the sel | ection pro | Te | e additional elephone (mployed (| No. (| if nec | essary , Day | and Y | 'ear) | |
| will be justification for your description of Your Job Title Company Name | isqualifid | cation fi | rom the sel | ection pro | Te | e additional | No. (| if nec | essary , Day | and Y | 'ear) | |
| Your Job Title Company Name Address Name of Supervisor | isqualifid | cation fi | rom the sel | ection pro | F | e additional elephone (mployed (from unnual Sal | No. (| if nec) Month _ To Last | , Day | and Y | 'ear) | |
| Your Job Title Company Name Address | isqualifid | cation fi | rom the sel | ection pro | F | e additional elephone (mployed (| No. (| if nec) Month _ To Last | , Day | and Y | 'ear) | |
| Your Job Title Company Name Address Name of Supervisor | isqualifid | cation fi | rom the sel | ection pro | F | e additional elephone (mployed (from unnual Sal | No. (| if nec) Month _ To Last | , Day | and Y | 'ear) | |
| Your Job Title Company Name Address Name of Supervisor | isqualifid | cation fi | rom the sel | ection pro | F | e additional elephone mployed (from nnual Sal ert eason for | No. ((Indicate ary | Month To Last | , Day | and Y | 'ear) | |
| Your Job Title Company Name Address Name of Supervisor | isqualifid | cation fi | rom the sel | ection pro | F | e additional elephone (mployed (from unnual Sal | No. ((Indicate ary | Month To Last | , Day | and Y | 'ear) | |
| Your Job Title Company Name Address Name of Supervisor | isqualifid | cation fi | rom the sel | ection pro | Te E Sta May | e additional elephone mployed (from annual Sal ert eason for | No. ((Indicate ary Leaving | Month To Last | , Day | and Y | ∕ear) | |
| Your Job Title Company Name Address Name of Supervisor | isqualifid | cation fi | rom the sel | ection pro | Te E Sta May | e additional elephone mployed (from nnual Sal ert eason for | No. ((Indicate ary Leaving | Month To Last | , Day | and Y | ∕ear) | _ |
| Your Job Title Company Name Address Name of Supervisor | isqualifid | cation fi | rom the sel | ection pro | F Sta May | e additional elephone mployed (from annual Sal ert eason for | No. ((Indicate ary Leaving | Month To Last | , Day | and Y | ∕ear) | |

| NAME: | | SOCIAL SECURITY NO.: | | | | |
|----------------------|-----------|-----------------------|---------------------|--|--|--|
| Your Job Title | | Telephone No. (| | | | |
| Company Name | | Employed (Indicate Mo | onth, Day and Year) | | | |
| Address | | From | То | | | |
| | | | Annual Salary | | | |
| Name of Supervisor | | Start | - | | | |
| Describe Your Duties | | Reason for Leaving | | | | |
| | | | | | | |
| | | May We Contact This | s Employer? Yes 🗌 | | | |
| No 🗆 | | If No, Please Explain | | | | |
| | | • | | | | |
| Full Time | Part-Time | | | | | |
| Your Job Title | | Telephone No. (|) | | | |
| Company Name | | Employed (Indicate Mo | onth, Day and Year) | | | |
| Address | | From | То | | | |
| | | | | | | |
| | | | Annual Salary | | | |

| Name of Supervisor | | Start | Last |
|----------------------|-----------|-----------------------|---------------------------|
| Describe Your Duties | | Reason for Lea | aving |
| | | | s Employer? Yes □ No □ |
| | | If No, Please | Explain |
| Full Time | Part-Time | | |
| Your Job Title | | Telephone No. | () |
| Company Name | | Employed (Indi | cate Month, Day and Year) |
| Address | | From | To |
| Name of Supervisor | | | Annual Salary Last |
| Describe Your Duties | | Reason for Lea | aving |
| | | | |
| | | May We Contact This E | Employer? Yes U No U |
| Full Time | Part-Time | | |

Additional Skills

| State any additional information you feel may be helpful to us in considering your application. |
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| Indicate any professional licenses or certificates, license numbers, their expiration dates and issuing agency. |
| Indicate any professional licenses or certificates, license numbers, their expiration dates and issuing agency. |
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| |

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 |
|------|-------|---------------------|--------------|
| | | | |
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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 | |
|---|--|
| 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. | I certify that answers given herein are true and complete to the best of my knowledge. |
| 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. | I understand that an investigation of all statements contained in this application for employment will be |
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| 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. | understand that my hiring may be contingent upon successful completion of job-related testing, a medical |
| upon request, to sign all necessary authorization and consent forms. | 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, |
| Signature of Applicant Date | upon request, to sign all necessary authorization and consent forms. |
| Signature of Applicant Date | |
| Signature of Applicant Date | |
| Signature of Applicant Date | |
| | 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 Authorit | y to obtain i | information pertaining to my employr | ment, |
|--------------------------------------|------------------------------|----------------|--|-------|
| attendance, performance reports, | and disciplinary records for | rom previous | or current employers. I hereby auth | orize |
| release of this information. This | release is executed with f | ull knowledge | e and understanding that the informati | on is |
| for the official use of the Jackson | Municipal Airport Authority | only as may | be necessary in arriving at an employ | ment |
| decision. | | | | |
| | | | | |
| I hereby release you, as the cus | todian of such records, from | m any and al | Il liability for damages of any kind bed | ause |
| of compliance with this authorizate | tion, and request you to re | lease the info | ormation requested. | |
| | | | | |
| Please print all information legibly | y with black ink. | | | |
| | | | | |
| | | | | |
| Full Name | | 3 | Social Security Number | |
| | | | | |
| Current Address | | | | |
| Carron Adaroso | | | | |
| | | | | |
| Telephone Number(s) | (Day) | | (Evening) | |
| | | | | |
| | | | | |
| | | | | |
| Signature of Applicant | | Date | | |
| | | | | |