

Jackson Municipal Airport Authority
Airport Operations Coordinator

DEFINITION

To assist, plan and coordinate a variety of activities and operations of the Public Safety/Operations function for the Airport Operations Division, including airfield inspections, monitoring of landside ground transportation compliance, coordinating airside operations activities, and perform airport safety and security inspections along with various other duties as assigned.

SUPERVISION RECEIVED AND EXERCISED

Receives direct supervision from the Airport Operations Supervisor.

Exercises supervision over Airport Operations Division personnel in lower classifications in the absence of an Airport Operations Supervisor.

EXAMPLES OF IMPORTANT DUTIES AND RESPONSIBILITIES--*Essential and important duties and responsibilities may include, but are not limited to, the following:*

Essential Duties and Responsibilities

- Perform daily airport self-inspections of major areas, including runway, taxiway, ramps, aircraft, refueling facilities, paved areas, safety areas, marking and lighting, security fencing and wildlife activity specific to JAN. This entails preparing and presenting oral and written reports, as they relate to FAA FAR Parts 139 and 77 operations specific to JAN.
- Assist in safety inspections during construction; assist in repair and maintenance activities; investigates accidents and prepares reports and monitors vehicle and equipment traversing on or about the Airport Operations Areas.
- Coordinates the issuance and cancellation of NOTAMS, and other airfield safety and operations notification requirements.
- Monitor deviations from federal, state, and airport operating rules and regulations; and takes corrective actions under the guidance of the Aviation Operations Manager.
- Assist the Airport Operations Supervisor with maintaining and implementing the Airport Certification Manual, Airport Emergency Plan and Airport Security Program.
- Coordinate JAN airfield drivers training program to include ground vehicle training, movement areas procedure training and vehicle operator's communication training with other departments, tenants, contractors and outside agencies.
- Maintain contact with citizens and tenants regarding potential operational problems; preserve good relationships with the general public and airport tenants.
- Respond to accident scenes and emergencies; serve as an Incident Commander within the Unified Command structure for declared emergencies.
- Directly supervises airport operations shifts and special assignments in support of, and independently in the absence of the Airport Operations Supervisor in an effort to ensure safe and effective airside and landside operations.
- Monitor tenant lease compliance, monitor-for-hire operations in compliance with JMAA ground transportation rules and regulations, coordinates enforcement of airport rules both land and airside.

- Assist Airport Operations Supervisor in the enforcement of security operations rules, regulations and policies for JMAA terminals and airfields to include tenant facilities and operations and general terminal public safety activities.
- Contributes to the development and training of division personnel, may serve in leadership or teaching roles. Responsible for assisting with training documentation and files.

Other Important Duties and Responsibilities:

Inspect the airport operations area and submit and file morning and evening reports as per FAR 139; assist with disaster drills as per FAR 139; assist in maintaining the first aid supply truck.

Maintain NOTAM Log; purchase supplies as needed.

Assist in the preparation and maintenance of airport rules violation citation records, daily activity logs, vehicle and equipment repair requests when required.

Perform related duties as assigned.

QUALIFICATIONS

Knowledge of:

FAR Part 139 and TSR Part 1542.

First aid principles, practices, and techniques.

English usage, spelling, grammar, and punctuation.

Airport purchasing procedures.

Principles and procedures of record keeping.

Modern office procedures, methods and computer equipment.

Ability to:

Interpret and apply departmental policies, procedures, laws and regulations.
Communicate effectively clearly and concisely, both orally and in writing.

Work cooperatively with other departments, airport officials and outside agencies.

Maintain confidential data.

Work independently in the absence of supervision.

Establish and maintain a cooperative working relationships with those contacted in the course of work.

Use firearms and pyrotechnics

Experience and Training Guidelines:

Any combination of experience and training that would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the knowledge and abilities would be:

Experience/ Training:

Two years of airport operations experience or education equivalent to an Associate's degree from an accredited college or university with major coursework in aviation management/science, public administration or related field.

License or Certificate

Possession of, or ability to obtain, an appropriate, valid Mississippi Commercial Driver's License with Class B endorsement. Ability to acquire and maintain an AOA driver's license, maintain SIDA and AOA security clearance.

Excellent Benefits include, but are not limited to:

- Public Employees' Retirement System (PERS)
- Employer pays 100% of employees' medical, dental, life, long term disability and accidental death and dismemberment insurance.
- Employees earn vacation and medical leave on a monthly basis.
- Employees receive pay for 10 holidays and any other day proclaimed as a holiday.
- Educational Reimbursement available to all fulltime employees for educational expenses.

Please submit a completed copy of the following employment application to:

**Jackson Municipal Airport Authority
Human Resources Department
Post Office Box 98109
Jackson, MS 39298-8109
Fax: (601) 664-3514
recruiter@jmaa.com
Acceptance deadline is **January 2, 2019**
EOE**

****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: Airport Operations Coordinator			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_____					



JACKSON MUNICIPAL AIRPORT AUTHORITY

**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 Coordinator**

ADVERTISEMENT PERIOD: **12/19/2018-1/02/2019**

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 driver's 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 _____	<div style="text-align: center;">Annual Salary</div> 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