



AVIATION INTERNSHIP PROGRAM

Jackson Municipal Airport Authority's mission is to connect Jackson to the world, and the world to Jackson. JMAA is looking for eager or energetic college students interested in experiencing the world of aviation up close. Our internship program exposes students to a wide variety of careers available in the aviation industry. If you have the desired skills, we would love to speak with you!

What traits do we seek? Successful candidates will...

- Shine at communicating effectively, building relationships, and supporting the vision, mission, and goals of the organization.
- Display strong initiative while being attentive to details and meeting productivity standards and deadlines.
- Excel in problem-solving, customer service, project management, analytics, self-management, and creativity.
- Currently classified as a junior or higher attending a college, university, or technical institute majoring in aviation, business, finance, accounting, or related field and possess a 2.5 GPA or higher on a 4.0 scale at the time of their application.
- Provide verification (e.g., transcript) of classification and GPA from their school and a letter of recommendation from an appropriate faculty member.

What Do You Get to Do? You will...

- Spend 8 to 10 weeks learning how JMAA manages day-to-day operations of Jackson-Medgar Willey Evers International Airport and Hawkins Field and getting paid in the process!
- Work with various departments (such as Operations, Security, Public Safety, Maintenance, Capital Programming, Disadvantaged Business Enterprises (DBE) & Community Development, Finance, Human Resources, and Administration) on various projects and tasks.
- See first hand the role JMAA plays in the community.

Want to set yourself apart? Bonus points for candidates that have...

- Ideas on how they can help JMAA
- Excitement and enthusiasm in working for a leader in aviation

How to Apply?

If you are up for this amazing career opportunity where the sky is the limit, please complete and send the following documents to Recruiter@jmaa.com. Be sure to include "JMAA Internship" in the subject line.

- EOE Form
- Application for Employment
- Authorization to Release Employment Information
- Verification of GPA and classification from your school registrar's office
- Letter of recommendation from an appropriate faculty member

This job posting is a summary of the primary duties and responsibilities of the position. It is not intended to be a comprehensive listing of all duties and responsibilities. A detailed job description will be provided during the interview.

We're an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability, genetic information, and any other protected status.

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.

Last Name		First Name		MI
Check one:	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Check one:	Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	

Check one of the following:

<input type="checkbox"/> White	<input type="checkbox"/> African American	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other Specify: _____

How did you hear about us? Check one of the following:

<input type="checkbox"/> Walk-In	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Newspaper	<input type="checkbox"/> College/Tech School	<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: **Aviation Intern**
ADVERTISEMENT PERIOD: **05/07/2019 – 06/01/2019**

Personal:			
Last Name _____		First Name _____	
MI _____			
Address _____			
City _____		State _____	Zip _____
Social Security # _____			
Home Phone # (____) _____		Alternate Phone # (____) _____	
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 #: _____

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, 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 Number (_____)
Company Name _____	Employed Dates (Indicate Month, Day and Year)
Address _____	From: _____ To: _____
City, State, Zip _____	Annual Salary:
Name of Supervisor _____	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 <input type="checkbox"/> Part-Time <input type="checkbox"/>	

NAME: _____ SOCIAL SECURITY #: _____

Your Job Title _____	Telephone Number (_____)
Company Name _____	Employed Dates (Indicate Month, Day and Year)
Address _____	From: _____ To: _____
City, State, Zip _____	Annual Salary:
Name of Supervisor _____	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 <input type="checkbox"/> Part-Time <input type="checkbox"/>	

Your Job Title _____	Telephone Number (_____)
Company Name _____	Employed Dates (Indicate Month, Day and Year)
Address _____	From: _____ To: _____
City, State, Zip _____	Annual Salary:
Name of Supervisor _____	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 <input type="checkbox"/> Part-Time <input type="checkbox"/>	

NAME: _____ SOCIAL SECURITY #: _____

Your Job Title _____	Telephone Number (_____)
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Address _____	From: _____ To: _____
City, State, Zip _____	Annual Salary:
Name of Supervisor _____	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 <input type="checkbox"/> Part-Time <input type="checkbox"/>	

Your Job Title _____	Telephone Number (_____)
Company Name _____	Employed Dates (Indicate Month, Day and Year)
Address _____	From: _____ To: _____
City, State, Zip _____	Annual Salary:
Name of Supervisor _____	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 <input type="checkbox"/> Part-Time <input type="checkbox"/>	

NAME: _____ SOCIAL SECURITY #: _____

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.

References:

List the name, address, and telephone number of at least three references who are not related to you and are not previous employers.

Name	Address	Telephone Number

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 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 #	
Current Address		
City	State	Zip Code
Telephone # (Day)	Telephone # (Evening)	
Signature of Applicant	Date	