

Jackson Municipal Airport Authority's mission is to connect Jackson to the world, and the world to Jackson. If you'd like to see your career take flight and help us deliver on this mission, apply with us today! If you land a position with JMAA, there are abundant benefits you may be eligible for including medical, dental, vision, life and disability insurances, generous time off benefits, a rich retirement program and more! JMAA encourages the development of its team members and has an education reimbursement program too. If you have the skills to successfully fill one of our open positions, we would love to speak with you!

JMAA is currently looking for qualified candidates to fill the role of Certified Police Captain.

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

- Shine at communicating effectively, resolving conflicts while demonstrating high ethical standards.
- Display strong attention to detail, and knowledge of TSA and FAA Security Regulations.
- Excel in the enforcement of laws and the prevention of crimes to ensure the safety and security of the airport.
- Possess five years of managerial experience as a certified law enforcement officer and a high school diploma
 or GED; any specialized training in bomb and terrorist threats, K-9 handling, active shooter, and medical
 emergencies.
- Certification issued by the Mississippi Board of Law Enforcement Officers Standards and Training.
- Have a valid Mississippi driver's license and ability to receive authorization to drive in secured areas.

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

- Directs and manages the public safety activities as **second in command** on airport grounds of the Jackson-Evers International Airport and Hawkins Field Airport.
- Establishes department goals, job assignments, work schedules, and responsibilities of Police Officers.
- Establishes standards for the training of the staff, motivation, monitoring and maintaining budgets.
- Manages the development and implementation of the department goals, objectives, policies, and priorities
 for each assigned service area. Establishes, within airport policy, appropriate service and staffing levels and
 allocates resources accordingly.
- Coordinates emergency response support of regional mutual aid agencies and other public safety organizations. At the request of COO and DPSO, serves second in charge as incident commander, directing the response to airport emergencies in cooperation with the Airport Operations Manager (within the vicinity of both the Jackson-Medgar Wiley Evers International and Hawkins Field Airports).
- Manages department budget, controls expenditures, and makes recommendations for future department operational and capital budget requests.
- Performs all of the essential functions listed in the Police Captain and Officer job descriptions.

If you are up for this amazing career opportunity where the sky is the limit, send your resume to recruiter@jmaa.com and be sure to include "Certified Police Captain" in the subject line. We welcome you to learn more about us at jmaa.com.

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. MI Last Name First Name Check one: Sex: Male **Female** Check one: **Marital Status** Married Single Check one of the following: White African American American Indian/Alaskan Native Asian/Pacific Islander Other Hispanic Specify: How did you hear about us? Check one of the following: Walk-In **Employment Agency** Friend/Relative Other College/Tech School Newspaper 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: Certified Police Captain ADVERTISEMENT PERIOD:

| Personal: | | | | |
|---|-----------------------|---------------|---------|--|
| Last Name | | First Name | MI | |
| Address | | | | |
| City | | State | Zip | |
| Social Security # | | | | |
| Home Phone # () | Alternate Phon | e# <u>(</u>) | | |
| Duit our Licenses # | | Funitables | Ctata | |
| Driver License # | Class | Expiration | State | |
| When will you be available to begin if selected for t | he position? | | | |
| Are you available to work shifts? | | | Yes No | |
| Are you authorized to work in the U.S. on an unrest | Yes No | | | |
| (Proof of citizenship or immigration status will be re | | | | |
| Have you ever been employed with JMAA before? | | | | |
| If yes, give dates | | | | |
| Have you ever been convicted of a crime other than minor traffic violations? Yes | | | | |
| If yes, state nature of offense, when, where and dis | sposition | | · · · · | |
| (A conviction will not necessarily disqualify an appli | cant from employment) | | | |
| Do you have any relatives presently employed by the Jackson Municipal Airport Authority? Yes | | | | |
| 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.

| | 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 (Verificat | ion of e | ducation | n require | ed . | | | | | | | | | |
| Describe Course of Study: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Describe Specialized Train | ing, App | rentices | hips, Ex | tra-Currio | cular Acti | vities, Fo | reign Lar | nguages: | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

SOCIAL SECURITY #:

Employment Experience

NAME:

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 | StartLast |
| Describe Your Duties: | Reason for Leaving |
| | May We Contact This Employer? If No, Please Explain |
| Full-Time Part-Time | |

| NAME: | SOCIAL SECURITY #: | | |
|---|---|--|--|
| Your Job Title | Telephone Number () | | |
| Company Name | Employed Dates (Indicate Month, Day and Year) | | |
| Address | From: To: | | |
| City, State, Zip | | | |
| Name of Supervisor | Annual Salary: Start Last | | |
| Describe Your Duties: | Reason for Leaving | | |
| | May Wa Cantact This Employer? | | |
| | If No, Please Explain | | |
| Full-Time Part-Time Your Job Title | Telephone Number _ () | | |
| Company Name | | | |
| Address | | | |
| City, State, Zip Name of Supervisor Describe Your Duties: | Annual Salary: Start Last | | |
| | May We Contact This Employer? Yes No | | |
| Full-Time Part-Time | | | |

| NAME: | SOCIAL SECURITY #: | | |
|---|---|--|--|
| Your Job Title | Telephone Number () | | |
| Company Name | Employed Dates (Indicate Month, Day and Year) | | |
| Address | From: To: | | |
| City, State, Zip | | | |
| Name of Supervisor | Annual Salary: Start Last | | |
| Describe Your Duties: | Reason for Leaving | | |
| | May We Contest This Fundamen 2 | | |
| | If No, Please Explain | | |
| Full-Time Part-Time Your Job Title | Telephone Number _ () | | |
| Company Name | | | |
| Address | | | |
| City, State, Zip Name of Supervisor Describe Your Duties: | Annual Salary: Start Last | | |
| | May We Contact This Employer? Yes No | | |
| Full-Time Part-Time | | | |

| AME: SOCIAL SECURITY #: | | | | |
|--|---|--|--|--|
| Additional Skills | | | | |
| State any additional information you feel i | may be helpful to us in considering your a | pplication. | | |
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| Indicate any professional licenses or certif | icates, license numbers, their expiration o | dates and issuing agency. | | |
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| | | | | |
| | ımber of at least three references who a | re not related to you and are not previous | | |
| employers. Name | Address | Telephone Number | | |
| | | | | |
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| | | | | |
| Applicant's Statement | | | | |
| I certify that answers given herein are true | and complete to the best of my knowled | dge. | | |
| include at a minimum: personal and buservice. If a conditional offer of employ | usiness references; employment history ment is extended, I understand that my cal examination, an alcohol and drug scre | ion for employment will be conducted, to ; education/technical training; and military in hiring may be contingent upon successful eening, a criminal background investigation, on and consent forms. | | |
| | | | | |
| Cignoture of | Annlicant | Data | | |



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 | Soc | ial Security # | | | | |
| Current Address | | | | | | |
| | | | | | | |
| City | State | Zip Code | | | | |
| Telephone # (Day) | Telephone # (Evening) | | | | | |
| Signature of Applicant | Date | 2 | | | | |