Jackson Municipal Airport Authority Certified Police Officer

This is a certified law enforcement officer position. Successful candidates will perform a variety of duties perform in the enforcement of laws and the prevention of crimes to ensure the security of the airport; to enforce airport traffic regulations; and to perform a variety of tasks in support of airport security. Police Officers receive direct supervision from a Police Sergeant. Shift assignments include nights and weekends and holidays.

Duties and responsibilities may include, but are not limited to, the following:

Patrol a designated area of the airport to preserve law and order, discover and prevent the commission of crimes, and enforce traffic and other laws and ordinances.

Perform security checks and inspect vehicles, buildings, facilities, grounds and other areas including gates and fencing to prevent trespass and ensure airport security.

Respond to accident scenes and emergencies; administer first aid as necessary.

Make arrests as necessary; prepare reports on arrests made, activities performed, and unusual incidents observed.

Issue airport rules violation citations as necessary and maintain records related to citations.

Maintain contact with citizens regarding potential law enforcement problems; preserve good relationships with the general public and airport tenants.

Prepare reports on arrests made, activities performed, and unusual incidents observed.

Monitor airport terminal activity on closed circuit television cameras and operate communications equipment.

Contact and cooperate with other law enforcement agencies in matters relating to law enforcement and security activities.

Minimum Qualifications include but are not limited to:

One year of experience as a certified law enforcement officer and a high school diploma or GED;

Possession of an appropriate, valid Mississippi driver's license;

Possession of a valid driver's license for at least three years and an Acceptable Motor Vehicle Rating;

Police Officer Certification issued by the Mississippi Board of Law Enforcement Officers Standards and Training;

Ability to acquire and maintain Aircraft Operations Area drivers permit; the ability to acquire and maintain security clearances as established and regulated by the Transportation Security Administration.

Excellent Benefits include, but are not limited to:

- All duty uniforms (including dry cleaning) and equipment are provided
- 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 Email: recruiter@jmaa.com Acceptance deadline is January 2, 2018

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: Certified Police Officer			Today's Date:			
Name						
(Last)	(First)	(MI)	Social Security Numb	er:		
Address:			Telephone Number:			
City	State Zip		Date of Birth			
Check One:		☐ Male			Female	
Check one of the following: (Ethnic Origin)						
White	□ His	spanic	☐ Ameri	can Indian/A	laskan Native	
☐ African Amer	rican 🗆 Asia	n/Pacific Island	er	Other		
Marital Status:		Married		Sing	le	
Referral Source:	College/Tech Sch	ool 🗆	Newspaper	☐ Emp	ployment Agency	
☐ Walk-In	☐ Friend/Relative	[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: CERTIFIED POLICE OFFICER

ADVERTISEMENT PERIOD: 12/19/2018-01/02/2018

	PI	ERSONAL		
NAME				
(Last)	(First)	((Middle Initial)	
ADDRESS				
(Street Address)	(City)		(State)	(Zip)
HOME PHONE NO. ()	ALTER	RNATE PHONE NO.	()	
SOCIAL SECURITY #		EMAIL		
DRIVER LICENSE #	Class	Expiration	State	
When will you be available to begin	if selected for the po	osition?		
Are you available to work shifts?			Yes	No
Are you authorized to work in the U	J.S. on an unrestricted	d basis?	Yes	_ No
(Proof of citizenship or immigration status with	ill be required upon employ	rment)		
Have you ever been employed with	JMAA before?		Yes	_ No
If yes, give dates				
Have you ever been convicted of a	crime other than mind	or traffic violations?	Yes	_ No
If yes, state nature of offense, when	n, where and disposition	on		
(A conviction will not necessarily disqualify	an applicant from employm	nent)		
Do you have any relatives presently	employed by the Jac	ckson Municipal Airp	ort Authority?	Yes
If ves. 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	SECU	RITY NO.:							
Education & Training												
	High School		Co	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 o	f education re	equired)										
Describe Course of Study:												
Describe Specialized Training, A	Apprenticeship	os, Skills, Ex	ktra-Cur	ricular <i>A</i>	Activities, F	oreign Lan	guages:					
Employment Experience												
Start with your present or last		-	-		-			-		-		
military service assignments and												
application. Exclude organizati							_				-	
status. Explain any gaps be	-	-		-		aps in em	ıploymen	it will	be ju	stificat	ion for	your
disqualification from the selection	n process. l	Jse additiona	al sheet	s if nec	essary.							
Your Job Title				-	Tolonhono	No. (١					
Tour Job Title				-	relepriorie	NO. (/					
Company Name					Employed	(Indicate M	Month. Da	av and	Year)			
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Address					From			То				
					Annual Sa	alary						
Name of Supervisor				•	Start			Last				
Describe Your Duties				-	Reason fo	r Leaving _						
				_								
May We Contact This Employer? Yes \square No \square												
				_	If No, Ple	ease Explai	n					
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 \Box No \Box
	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 \Box No \Box
	If No, Please Explain
Full Time Part-Time	e

Your Job Title	Telephone No. ()
Company Name	Employed (Indicate Month, Day and Year)
Address	From To
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	_
	Annual Salary
Name of Supervisor	Start Last
D. with a Versa Dukina	Deces for Location
Describe Your Duties	Reason for Leaving
	May We Contact This Employer? Yes \Box No \Box
	If No, Please Explain
Full Time Part-Time	
A CONTROL OF COLUMN	
Additional Skills	
Control of the contro	the state of the s
State any additional information you feel may be helpful to u	us in considering your application.
	

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

		l l					
s:							
nformation, and relationship of a	t least three references who are	not related to you.					
Title	Contact Information	Relationship					
Applicant's Statement							
erein are true and complete to	the best of my knowledge.						
pation of all statements contained	ed in this application for employ	ment 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							
	Date						
	Applicant's Applicant's erein are true and complete to the statements contained attended and business reference and offer of employment is extended testing, a medical end a motor vehicle report.	Applicant's Statement Applicant's Statement erein are true and complete to the best of my knowledge. ation of all statements contained in this application for employ resonal and business references; employment history; educational offer of employment is extended, I understand that my hiring b-related testing, a medical examination, an alcohol and of all a motor vehicle report. I understand that for Certified also required. I agree, upon request, to sign all necessary					

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

attendance, performance reports, release of this information. This	and disciplinary records	ority to obtain information pertaining to my eastern previous or current employers. I hereby a full knowledge and understanding that the in Authority only as may be necessary in arr	oy authorize
I hereby release you, as the cus	todian of such records, fr	rom any and all liability for damages of any ki	nd because
of compliance with this authoriza	tion, and request you to i	release the information requested.	
Please print all information legible	y with black ink.		_
Full Name		Social Security Number	
Current Address			
Telephone Number(s)	(Day)	(Evening)	
Signature of Applicant		- Date	-