

**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](mailto: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: <b>Certified Police Officer</b>	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 _____	



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 employment. 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 _____	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 _____

### 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.

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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

**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