

## **Jackson Municipal Airport Authority Communications Officer**

The Jackson Municipal Airport Authority's Communications Department is accepting applications from highly motivated and skilled candidates for the position of Communications Officer. Applicants must possess strong customer service skills; have basic computer knowledge and previous experience in operating radio and telecommunication equipment desired. Starting salary will commensurate with experience.

Successful candidates will be required to perform a wide variety of duties in support of the Airport Authority's safety, security and communications systems, including:

- Operating and monitoring the safety and security surveillance system and related alarms;
- Dispatching police officers, fire fighters and emergency response personnel;
- Answering telephone calls and operating the airport paging system;
- General clerical duties

### **Essential skills include**

- Enter, update and retrieve license information from the National Crime Information Computer (NCIC);
- Enter and update information in the airport security system computer;
- Notify appropriate airport staff and outside agencies during airport emergencies;
- Maintain clear communications between all parties to ensure coordination of efforts;
- Modern office procedures, methods and computer equipment;
- Proper telephone etiquette;
- Proper English usage, spelling, grammar and punctuation;
- Work various shifts as assigned.

### **Education and Experience**

- Minimum of a high school diploma or equivalent
- Operate radio and telecommunications system receiving and transmitting equipment desired

Excellent Benefits include, but are not limited to:

All duty uniforms (including dry cleaning) and equipment are provided, participation in the Public Employees' Retirement System (PERS), employer pays 100% of employees' medical, dental and basic life insurance, long-term disability and accidental death and dismemberment insurance.

Employees earn

vacation and medical leave on a monthly basis.

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 **June 29, 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: <b>Communications 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 _____	



# 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: **COMMUNICATIONS OFFICER**

ADVERTISEMENT PERIOD: 6/15/2018 – 6/29/2018

### 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 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 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