



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 **Director of Public Safety and Operations**.

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

- Shine at communicating effectively, building relationships, and resolving conflicts while demonstrating high ethical standards.
- Display strong initiative while being attentive to details and compliance focused.
- Specialized knowledge of a wide range of federal, state, and local statutes, rules, and regulations pertaining to airport operations.
- Ability to maintain composure and apply good judgment in matters of safety and security, such as emergency situations and inclement weather situations.
- Bachelor's degree in aviation management, public administration, or related field. A.A.E, C.M., or A.C.E preferred.
- Minimum of five years of related experience, three of which is in a supervisory/managerial capacity or any combination of experience 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...**

- Assume full management responsibility for all Division of Public Safety and Operations services and activities including ensuring aviation security and airport compliance with federal aviation regulations; recommend and administer policies and procedures.
- Manage the development and implementation of the Division of Public Safety and Operations goals, objectives, policies, and priorities for each assigned service area; establish, within airport policy, appropriate service and staffing levels; allocate resources accordingly.
- Continuously monitor and evaluate the efficiency and effectiveness of service delivery methods and procedures; assess and monitor workload, administrative and support systems, and internal reporting relationships; identify opportunities for improvement; direct the implementation of changes.
- Select, train, motivate and evaluate the Division Public Safety and Operations personnel; provide or coordinate staff training; work with employees to correct deficiencies; recommend and implement discipline and termination procedures.
- Plan, direct and coordinate, through subordinate level managers, the Division of Public Safety and Operations work plan; meet with management staff to identify and resolve problems; assign projects and programmatic areas of responsibility; review and evaluate work methods and procedures.
- Serve as liaison for the Division of Public Safety and Operations with other departments and outside agencies and organizations including the FAA, FBI, and DEA.
- May perform other duties as assigned.

## LEADERSHIP AND SUPERVISORY

- Works with limited supervision from the Chief Operating Officer.
- Directly supervises Chief of Police, Airport Operations Manager, Airport Security Manager.
- Indirectly supervises Airport Operations Agent, Airport Operations Coordinator, Operations Shift Supervisors Access Control Specialist, Access Control Specialist, Communications Officers, and Communications Supervisor.

If you are up for this amazing career opportunity where the sky is the limit, send your resume to [recruiter@jmaa.com](mailto:recruiter@jmaa.com) and be sure to include “**Director of Public Safety and Operations**” in the subject line. We welcome you to learn more about us at [jmaa.com](http://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.

---

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: **Director of Public Safety & Operations**  
ADVERTISEMENT PERIOD: **08/30/2019-9/12/2019**

<b>Personal:</b>			
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 ( _____ )
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 #: \_\_\_\_\_

**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