

<i>Job Title</i>	Housekeeper I	<i>Job Code</i>	32	<i>FLSA</i>	Nonexempt
<i>Job Family</i>	Service Workers	<i>Grade</i>			
<i>Department</i>	Custodial	<i>Created Date</i>	8-22-2016		
<i>Reports to</i>	Housekeeper Supervisor or Custodial Services Manager	<i>Revised Date</i>			

JOB SUMMARY

The purpose of this job is to perform cleaning and housekeeping tasks and related tasks as assigned by supervisor. Duties are routine and are performed under general supervision of the Custodial Supervisor or Housekeeper Supervisor

ESSENTIAL DUTIES & RESPONSIBILITIES

- Dusts, cleans, waxes, and polishes furniture, woodwork, and office equipment.
- Polishes metal work.
- Washes windows and walls.
- Empties and cleans waste receptacles.
- Cleans restrooms to include commodes, urinals, sinks, and mirrors.
- Cleans break areas to include refrigerators and microwave ovens.
- Cleans and vacuums carpet.
- Performs related duties and responsibilities as required.

LEADERSHIP AND SUPERVISORY

- Receives direct supervision from either Custodial Services Manager or Housekeeping Supervisor.
- This position does not have supervisory responsibility.

EDUCATION & EXPERIENCE (including required licenses or certifications)

- High school diploma or equivalent.
- Some prior housekeeping experience.

COMPETENCIES

Employee Core

- *Customer Focus* - The ability to proactively meet the needs of internal and external customers in order to provide best-in-class customer experiences.
- *Continuous Improvement* - The knowledge of goal setting and measuring performance in order to

improve processes and procedures.

- *Communication* - The ability to express thoughts effectively to encourage productive dialogue and generate useful information.
- *Collaboration* - The ability to work cooperatively with others to build the strength of the team.
- *Commitment* – The ability to take personal responsibility due to one’s sense of ownership and pride in the Authority.

Job-Specific Knowledge, Skills & Abilities

- Ability to read and understand instructions for use of cleaning chemicals and equipment.
- Ability to select the correct materials and techniques to accomplish various cleaning tasks.
- Ability to perform duties thoroughly and with an ongoing sense of urgency.
- Knowledge of the use of hand and powered cleaning equipment.
- Understanding of techniques used in cleaning stains from carpeting and upholstery.
- Knowledge of safety procedures.
- Ability to perform duties with a sensitivity to the presence of travelers in the work area.

ENVIRONMENT & WORKING CONDITIONS

- Work is performed both inside the terminal buildings and outside with frequent exposure to loud noise, fumes, and varying weather conditions.
- May be required to work second shift.
- Work is recurring. While specific tasks performed each day may vary, there is little variation in the work. Exceptions are referred to the supervisor for advice.

PHYSICAL DEMANDS (including requirements for travel or working nights/weekends/holidays)

- Ability to frequently lift up to 25 pounds throughout the shift.

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential duties of this job.

Manager Signature

Date

Employee Signature

Date

****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: Housekeeper I			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: Housekeeper I

ADVERTISEMENT PERIOD: 02/27/2019 - 03/13/2019

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 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 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.

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

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