

Jackson Municipal Airport Authority

Housekeeper I

The Jackson Municipal Airport Authority's Facilities Department is accepting applications for a Housekeeper I. Applicants must perform cleaning and housekeeping tasks assigned by supervisor and does related work as required. Duties are routine and are performed under general supervision of the Custodial Supervisor.

EXAMPLES OF IMPORTANT DUTIES AND RESPONSIBILITIES --*Essential and important duties and responsibilities may include, but are not limited to, the following:*

Essential Duties and Responsibilities:

- Sweeps, scrubs, mops, waxes and buffs floors
- Operates buffing machine and other powered cleaning equipment
- Dusts, cleans, waxes and polishes furniture, woodwork and office equipment.
- Polishes metalwork
- Washes windows and walls
- Empties and cleans waste receptacles
- Cleans restrooms to include commodes, urinals, sinks and mirrors
- Cleans break areas to include refrigerators, microwave ovens
- Cleans and vacuums carpet
- Perform related duties and responsibilities as required

QUALIFICATIONS

Knowledge of:

- Methods, practices and equipment used in appropriate cleaning of large facilities
- Cleaning materials and chemicals
- Airport policies, procedures and codes related to employment, cleaning and housekeeping
- Occupational hazards and necessary precautions applicable to cleaning and housekeeping work
- Safe work practices

Ability to:

- Understand and follow schedules, instructions and procedures
- Work independently in the absence of supervision
- Recognize the need for service and act upon that by performing the service or informing the appropriate person that the service is needed

Maintain physical condition appropriate to the performance of assigned duties which may include the following:

walking, crouching, crawling, or climbing
moving tools and equipment
operating tools and equipment
lifting of 25-70 lb. objects
pushing heavy cleaning equipment and carts

Maintain effective audio-visual discrimination and perception needed for:

operating assigned equipment
understanding and interpreting instructions and schedules, verbal and written
reading and writing

Communicate clearly and concisely, both orally and in writing.

Establish and maintain cooperative working relationships with those contacted in the course of work

Experience, Education, License/Certification Minimum Requirements

Experience:

One year experience in full time paid employment performing cleaning and housekeeping duties as described above.

Training:

High School diploma or GED.

License or Certification:

Possession of an appropriate, valid Mississippi driver's license. Incumbent must have had a valid driver's license for at least three years and an Acceptable Motor Vehicle Rating.

Ability to acquire and maintain at least Class 1 Aircraft Operation Area (AOA) driving privileges and a badge that provides access to SIDA, sterile areas and any other secured area of Airport property required to perform assigned duties.

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 October 4, 2017
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:	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: **09/21/2017-10/04/2017**

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 _____

_____ Annual Salary

Name of Supervisor _____ Start _____ Last _____

Describe Your Duties _____ Reason for Leaving _____

_____ May We Contact This Employer? Yes No

_____ 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 _____

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_____ 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 _____

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