

Legal Assistant

Definition

Responsible for a broad range of duties of a diverse and complex nature required in providing administrative support to Airport Chief Legal Counsel. Responsible for assisting Airport Chief Legal Counsel in the preparation of legal documents, Board Memos, and other correspondence.

Principal Accountabilities:

- Prepares required legal documents, correspondence, and drafts, in preparation for Board meeting and JMAA Business Meetings.
- Management and coordination of filings necessary to obtain and renew documents.
- Organizes and obtains information needed for lawsuit and coordinates documents for attorney to facilitate representation and litigation. Responds to requests for information from opposing counsel.
- Performs legal research on statutes as required.
- Responds to incoming requests from JMAA staff and performs required legal research to prepare and issue the proper response.
- Enters relevant legal information into the computer system to keep files current regarding legal activity.
- Conducts communications with staff, courts, and external attorneys as necessary or as directed by Airport Chief Legal Counsel.
- Assist with administration
- Performs all other duties as requested.
- Observe legal and ethical guidelines for safeguarding the confidentiality of JMAA and proprietary company information.
- Actively support organizational & departmental policies & procedures.
- Proven ability to organize/mobilize sensitive information from diverse internal/external sources.
- Demonstrated proficiency in maintaining business arrangements, licenses and contracts held with multiple organizations/states/and regulatory bodies.
- Track record of meeting goals, defined objectives, business needs and deadlines on a consistent basis
- Communicate key developments in a timely fashion that effect operations, participation, active status, or ability to conduct business based on information obtained during the course of assigned duties.
- Align actions with company goals and objectives while working within organizational protocols, company policies and regulatory requirements.
- Adhere to appropriate safety and quality assurance practices. Comply with local, state and federal laws
- Exhibit flexibility when work assignments need to be adjusted to meet service, delivery and workload needs of team

- Takes initiative to identify, develop & adapt new policies and practices that improve quality of work
- Maintains confidentiality of proprietary information at all times

Skills / Experience:

- Experience in Litigation and E-discovery matters
- Experience with Document Management, Case Management, Time-tracking, and Billing Software
- Excellent File Management Skills (creating and maintaining files), especially electronic file management
- Basic Legal Research Skills
- Law Office Management Skills are a plus
- A problem solver, and can assist in the movement of projects through a organization. Minimum (1) year document production experience preferably in a legal, hospitality, travel environment

Qualifications

- A degree or equivalent experience, Paralegal certificate preferred
- Minimum 2 years relevant experience
- Demonstrated ability to work as part of a team or independently to achieve business goals.
- Excellent Oral, Written, Interpersonal and Organizational skills.
- Skilled in the use MS Office software (Word, Excel, PowerPoint); strong keyboarding and typing skills
- Strong attention to detail; able to work on multiple projects simultaneously
- Must be able to meet deadlines and complete all projects in a timely manner
- Ability to handle sensitive and/or confidential documents and information

****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: Legal Assistant			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: Legal Assistant

ADVERTISEMENT PERIOD: 1/31/19 – 2/13/2019

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 _____
_____	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_____	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