



<i>Job Title</i>	Manager of Capital Programming	<i>Job Code</i> 107	<i>FLSA</i>
<i>Job Family</i>	Manager	<i>Grade</i> 37	
<i>Department</i>	Capital Programming	<i>Created Date</i> 9/15/16	

**JOB SUMMARY**

The purpose of this job is to lead, develop, and deliver multi-disciplinary projects of varying and considerable complexity as part of the Airport Capital Development Program.

Salary Range \$65,000-\$85,000

**ESSENTIAL DUTIES & RESPONSIBILITIES**

- Develops scope, schedule, and budget for projects within the Airport Capital Program and for other short- and long-range projects.
- Coordinates construction activities with stakeholders, such as Airport departments, airlines, and tenants, to minimize disruption to stakeholders’ operations.
- Ensures compliance of all Capital projects with Federal Aviation Administration, Transportation Security Administration, and any other local, state, or federal regulations pertaining to the environmental impact Airport projects may have.
- Manages Capital projects within an airport environment, including leading assigned teams in project execution, so projects are delivered within established performance targets.
- Identifies challenges related to airport-specific infrastructure and facilities development; researches and analyzes data; evaluates alternatives; develops sound, independent conclusions and recommendations that comply with applicable regulations and policies.
- Assists with the preparation of the department’s Operations & Maintenance budget and with the Capital budget.
- May perform other duties as assigned.

**LEADERSHIP AND SUPERVISORY**

- The incumbent functions independently but with regular interaction with direct supervisor.
- The incumbent supervises one Facilities Engineer.

**EDUCATION & EXPERIENCE** (including required licenses or certifications)

- Requires a Bachelor’s Degree in aviation planning, construction management, engineering, architecture, environmental planning, or a related field.
- Requires at least ten years of experience in facility management or airfield management and managing complex projects.
- May substitute an equivalent combination of education, experience, and training that totals ten years.
- Requires successful background screening and security clearance.
- Requires Mississippi Driver’s License.

## 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 express oneself clearly in conversations and interactions with others and when speaking in front of a group.
- Ability to express oneself clearly and respond appropriately in business writing.
- Strong working knowledge of airport facility management, airport planning, and the general principles and practices of architecture, civil engineering, construction management and contemporary technology.
- Ability to develop, maintain, and strengthen partnerships with others inside or outside the organization who can provide information, assistance, and support.
- Ability to take initiative and exercise sound, independent decision making in area of expertise.

## ENVIRONMENT & WORKING CONDITIONS

Majority of work is performed in an office setting, climate controlled, well lit, and free from unnecessary interruptions and loud noise. However, the incumbent is required to visit job sites within the Airport properties creating exposure to outdoor weather conditions, fumes, loud noises, and the need for common precautions. Requires occasional travel to conferences or for touring other airports.

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

Requires:

- Ability to drive vehicles.
- Ability to operate two-way radios by hearing, speaking, and manipulating controls with hands.
- Ability to operate common office equipment such as computer, keyboard, telephone, and photocopier.
- Ability to frequently move or lift objects up to 10 pounds.

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

**\*\*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: **MANAGER OF CAPITAL PROGRAMMING**

ADVERTISEMENT PERIOD: 04/10/2018 – 04/24/2018

**PERSONAL**

NAME \_\_\_\_\_  
(Last) (First) (Middle Initial)

ADDRESS \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

HOME PHONE NO. (\_\_\_\_) \_\_\_\_\_ ALTERNATE PHONE NO. (\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

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.

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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