JACKSON MUNICIPAL AIRPORT AUTHORITY

Connecting Jackson to the world, and the world to Jackson

JOB DESCRIPTION

| Job Title | Manager of Public Relations & Customer Service | Job Code | FLSA | Exempt |
|------------|--|--------------|------|--------|
| Job Family | Managerial | Grade | 35 | |
| Department | Administration and Human Resource | Created Date | | |
| Reports to | Director of Administration and Human Resource | Revised Date | | |

JOB SUMMARY

The Manager of Public Relations & Customer Service is responsible for the Marketing and Advertising, Media Relations, Public Information, and Customer Service related initiatives. The successful candidate will plan and execute a Market and Communications Plan which includes the creation of brochures, reports, maps, briefing papers, special events, and presentation materials, as well as, govern all media interactions and events that may impact the Airport Authority and its image. The Manager will contribute to the development of the Airport's public information and community relation's programs and will be responsible for their implementation.

ESSENTIAL DUTIES & RESPONSIBILITIES

- Serves as the principle spokesperson and JMAA involving public relations functions and initiatives.
- Establishes strong professional relationships in the internal and external communities and serves as an articulate spokesperson and representative of the Airport Authority and its workforce.
- Manages JMAA's customer service standards. Implements program elements and establishes
 performance matrixes and assessment tools to monitor the effectiveness of program.
- Responsible for overseeing art installations, removals, and performances.
- Coordinates with IT Manager on Airport web site development and revisions.
- May perform other duties as assigned.

LEADERSHIP AND SUPERVISORY

- The position will work under the direction of the Director of Administration and Human Resource.
- The position will provide guidance to the Public Relations & Customer Service Specialist.

EDUCATION & EXPERIENCE (including required licenses or certifications)

- Bachelor's Degree in marketing, communications, public relations, or similar field.
- Five to seven years of related experience in marketing, communications, and/or public relations.
- Must possess or be able to possess a Mississippi Driver's license.
- Be able to secure unrestricted access to secured areas.

Ability to obtain AOA driving privileges.

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

- Knowledge of and special expertise in industry market strategies for air service, public relations, and strategic communications strategy development.
- Excellent writing and editing skills, with proven writing experience for myriad audiences in broadcast, print, web, and social media.
- Proven ability to multi-task, balance multiple priorities, and meet tight deadlines.
- Working knowledge of the latest new and social media best practices, search engine optimization, search engine marketing branding, and market research techniques and practices.
- Familiarity and comfort in a highly collaborative work environment.
- Ability to manage an internal communications program that informs and inspires.
- Demonstrated ability to manage projects from inception through execution.
- Ability to manage a marketing and communications budget.
- Design and implement effective programs and services for a diverse workforce.
- Demonstrate capacity to interact effectively with a diverse community, effectively negotiate, and solve problems.
- Contribute at both the strategic and tactical levels.
- Demonstrate strong management, leadership, and presentation skills.
- Demonstrate strong interpersonal skills; communicate clearly and concisely, both orally and in writing.
- Ability to proficiently use Microsoft Office Suite of products plus other applications specific to the graphic arts and communications field.
- Maintain confidentiality.

ENVIRONMENT & WORKING CONDITIONS

• Work is performed in an office environment.

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

Requires:

Visual, hearing acuity, and dexterity to operate office equipment.

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

Excellent Benefits include, but are not limited to:

- * 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 January 2, 2018 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: | ☐ Male ☐ F | Female |
| | · (Ed. : 0 : :) | |
| Check one of the follo | wing: (Ethnic Origin) | |
| \square White | \square Hispanic \square Americ | an Indian/Alaskan Native |
| | | |
| African American | ☐ Asian/Pacific Islander | ☐ Other |
| | | |
| Marital Status: | ☐ Married ☐ | Single |
| | | |
| Referral Source: \square | College/Tech School Newspa | per \square Employment Agency \square Walk-In \square |
| Friend/Relative | ☐ 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 PUBLIC RELATIONS AND CUSTOMER SERVICE

ADVERTISEMENT PERIOD: 12/18/2017 - 01/02/2018

| ir | | | | | | | |
|--|----------------------|---------------------|-------|-----|----|--|--|
| | | PERSO! | NAL | | | | |
| NAME | | | | | | | |
| (Last) | (First) | (Middle Initial) | | | | | |
| ADDRESS | | | | | | | |
| (Street Address) | (City) | (State) | (Zip) | | | | |
| HOME PHONE NO. () _ | ALTE | ERNATE PHONE NO | . () | | | | |
| SOCIAL SECURITY # | | | | | | | |
| DRIVER LICENSE # | Class | Expiration | State | | | | |
| | | | | | | | |
| When will you be available | to begin if selected | for the position? _ | | | | | |
| | 1.4.0 | | | | | | |
| Are you available to work s | shifts? | | | Yes | No | | |
| Are you authorized to worl | Yes | No | | | | | |
| (Proof of citizenship or immigratio | | | | 103 | | | |
| | | | | | | | |
| Have you ever been emplo | yed with JMAA befo | 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) | | | | | | | |
| (1. controlled in the necessarity will applicately on comproyments) | | | | | | | |
| Do you have any relatives presently employed by the Jackson Municipal Airport Authority? YesNo | | | | | | | |
| f 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 | | | | | | | | | | | | | | |
| <u> </u> | | Hig | gh Sch | ool | (| College | /Tech | nical/Busir | iess | | Gra | iduat | e So | chool |
| School Name & Location Years Completed (Circle) | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | 5 |
| Diploma/Degree (Verificat Describe Course of Study: | ion o | f educ | ation r | equired | d) | | | | | | | | | |
| Describe Specialized Train | ing, A | Appren | iticeshi | ps, Ski | lls, Extra | ı-Curri | cular A | ctivities, Fo | reign L | angu | iages | : | | |
| Employment Experience Start with your present or la Include military service assi DD214 along with this applic disabilities or other protecte will be justification for your | gnm cation d sta | ents ai n. Excl itus. E | nd volu ude or xplain | ınteer ganizat any ga _l | activitie tional na ps betwo | s. Any mes th | milita at indi ployme | ry service n cate race, co ents. Failure | nust be lor, rel e to exp | e doc ligior plain | ume n, ger any | nted ider, r gaps i | by p natio | oroviding onal origir |
| Your Job Title | | | | | Teleph | one No | (| _) | | | | | | |
| Company Name | | | | | Emplo | yed (In | dicate | Month, Day | and Y | ear) | | | | |
| Address | | | | | From | | | То | | | | | | |
| Name of Supervisor | | | | ıual Sal | | | | Last | | | | | | |

Reason for Leaving _____

May We Contact This Employer? Yes $\ \square$ No $\ \square$

If No, Please Explain _____

Describe Your Duties_____

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 Describe Your Duties | | | | |
| | | | | |
| | | | | |
| 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 | | | |
| Describe Your Duties | Reason for Leaving | | | |

| | May W | Ve Contact This Employer? Yes \Box | No 🗆 |
|--|--|---|---|
| | If No, ! | Please Explain | |
| Full Time | Part-Time | | |
| Additional Skills | | | |
| State any additional info | ormation you feel may be h | nelpful to us in considering your | application. |
| | · | | |
| | | | |
| | | | |
| Indicate any professiona agency. | al licenses or certificates, l | icense numbers, their expiration | dates and issuing |
| | | | |
| | | | |
| | | | |
| Professional Refere | ences: | | |
| List the name, title, conta you. | ct information, and relatio | onship of at least three reference | s who are not related to |
| Name | Title | Contact Information | Relationship |
| | | | |
| | | | |
| | | | |
| | Applica | nnt's Statement | |
| I certify that answers gi | ven herein are true and co | mplete to the best of my knowle | dge. |
| conducted, to include education/technical tra | at a minimum: persioning; and military service | nts contained in this application sonal and business reference ce. If a conditional offer of en | s; employment history; aployment is extended, I |
| examination, an alcohol I understand that for Ce | and drug screening, a crim | on successful completion of job- ninal background investigation, and ons, a psychological examination and consent forms. | nd a motor vehicle report. |
| . F 4 9 00 0-8m am | | | |
| | | | |

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

| attendance, performance reports, and direlease of this information. This release | sciplinary records from previ is executed with full knowled | n information pertaining to my employment, ious or current employers. I hereby authorize dge and understanding that the information is nay be necessary in arriving at an employment |
|---|--|--|
| I hereby release you, as the custodian of compliance with this authorization, and | | all liability for damages of any kind because of formation 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 | - |
| | | |
| | | |