

Job Title	Marketing & Air Service Manager	Job Code 87	FLSA Exempt
Job Family	Professional	Grade	34
Department	Marketing & Communications	Created Date	02/15/19
Reports to	Director of Business Development	Revised Date	

### **JOB SUMMARY**

This professional position, under the immediate supervision of the Director of Business Development, responsible for performing complex tasks and project oversight, in support of the Marketing and Air Service Department and the Airport Authority's mission. Performs a variety of air service development, business administration, and airport facility related technical duties; responsible for analyzing trends, operational and financial data to support long and short term strategic planning and goals. Requires problem solving and a high degree of independent judgment in determining appropriate methods, activities and resolutions. **Starting Salary \$52,800 (commensurate with experience).** 

### **ESSENTIAL DUTIES & RESPONSIBILITIES**

- Conducts research, analyzes business and industry trends, maintains and updates business intelligence and databases, interacts with concessionaires and airlines for the purpose of Air Service business development.
- Develops, conducts and analyzes the results of customer service surveys. Generates reports indicating survey findings and trends. Develops actions based on the findings and presents them to Airport management.
- Designs and develops graphic materials used for marketing, data reporting, promotional information. Contributes to website design and maintenance. Report recipients include the Airport CEO and Board members.
- Educates airport's stakeholders about positive economic impact of air service to region.
- Works with aviation consultants to prepare presentations for potential domestic and international passenger service.
- Performs a range of marketing and communications related tasks in support of marketing and communications efforts.
- May perform other duties as assigned.

### LEADERSHIP AND SUPERVISORY

- Works under the general direction of the Director of Business Development.
- This position does not have supervisory responsibility.

EDUCATION & EXPERIENCE (including required licenses or certifications)

- Bachelor's degree in marketing, communications, business, or an aviation related field.
- Two to three years of related previous 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 work proficiently with all Microsoft Office applications and Adobe Photoshop,
- Knowledge of the aviation industry and standard operational practices.
- Ability to analyze data and prepare used-friendly activity reports.
- Ability to create graphic design concepts for various purposes.
- Ability to communicate in both written and verbal forms to the general public, airline representatives, and the executive Airport leadership.

# **ENVIRONMENT & WORKING CONDITIONS**

- Work is performed in an office setting.
- Close concentration and attention to details are important.

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

## **Requires:**

- Little standing or walking is required.
- The position required close concentration, using sight and hearing to communicate and to operate office devices.

*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: Mar	rketing and Air Service	Today's Date:
Manager		
Name		
(Last) (Firs	st) (MI)	Social Security Number:
Address:		Telephone Number:
City State	e Zip	Date of Birth
Check One:	Male	Female
Check one of the following	ng: (Ethnic Origin)	
□ White	Hispanic	American Indian/Alaskan Native
African American	Asian/Pacific Isla	nder Other
Marital Status:	Married	
Referral Source:	College/Tech School	Newspaper   Employment Agency
□ Walk-In □	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: Marketing and Air Service Manager

### ADVERTISEMENT PERIOD: 02/15/19 - 003/8/19

		PERSONAL		
NAME				
(Last)	(First)		(Middle Initial)	
ADDRESS				
(Street Address)	(City	)	(State)	(Zip)
HOME PHONE NO. ()	ALTE	ERNATE PHONE NO	D. ()	
SOCIAL SECURITY #		EMAIL		
DRIVER LICENSE #	Class	Expiration	State	e
When will you be available to begin	if selected for the po	osition?		
Are you available to work shifts?			Yes	No
Are you authorized to work in the U	.S. on an unrestricted	d basis?	Yes	No
(Proof of citizenship or immigration status will	ll be required upon employ	(ment)		
Have you ever been employed with	JMAA before?		Yes	No
If yes, give dates				
Have you ever been convicted of a	crime other than min	or traffic violations?	Yes	No
If yes, state nature of offense, when	, where and dispositi	on		
(A conviction will not necessarily disqualify a	an applicant from employn	nent)		
Do you have any relatives presently	employed by the Jac	ckson Municipal Airr	port Authority?	YesN
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	1	2	3	4	1	2	3	4
	12							5			
Diploma/Degree (Verificatio	n of edu	ucation re	equired)								
Describe Course of Study:											
Describe Specialized Trainin	a Appr	onticochi	ne Skille Ev	vtra-Curricu	or Activiti	os Foroigr		000			
Describe Specialized Trainin	y, Appi	enticesni	µs, skilis, ⊏			es, roreigi	i Langua	yes:			

#### Employment Experience

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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.

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	Your Job Title	Telephone No. ()
Annual Salary   Name of Supervisor   Describe Your Duties   Reason for Leaving     May We Contact This Employer? Yes   No     If No, Please Explain	Company Name	Employed (Indicate Month, Day and Year)
Name of Supervisor Last   Describe Your Duties Reason for Leaving         May We Contact This Employer? Yes     No     If No, Please Explain	Address	From To
May We Contact This Employer? Yes □ No □ If No, Please Explain		•
May We Contact This Employer? Yes No	Describe Your Duties	Reason for Leaving
If No, Please Explain		
		May We Contact This Employer? Yes $\Box$ No $\Box$
Full Time Part-Time	·	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
Describe Your Duties	Reason for Leaving
	_
	May We Contact This Employer? Yes <a>D</a> No <a>D</a>
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 StartLast
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	То
			Annual Salary
Name of Supervisor		Start	Last
Describe Your Duties		Reason for Leaving	
		May We Contact This E	mployer? 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.