

| Job Title  | Mechanic               | Job Code 37  | FLSA NE  |
|------------|------------------------|--------------|----------|
| Job Family | Craft Workers          | Grade        | 17       |
| Department | Maintenance            | Created Date | 8-5-2016 |
| Reports to | Maintenance Supervisor | Revised Date |          |

# **JOB SUMMARY**

The purpose of the job is to work under general supervision to perform difficult and complex mechanical repairs to gasoline and diesel powered automobiles, trucks, and tractors, and heavy and light construction and power equipment. The employee is also expected to maximize the working life of equipment and minimize equipment downtime by executing the Airport's preventive maintenance program and maintaining equipment service records.

### **ESSENTIAL DUTIES & RESPONSIBILITIES**

- Performs diagnostics on and repairs to gasoline and diesel powered vehicles and equipment.
- Inspects, diagnoses and repairs mechanical difficulties with automobiles, trucks, tractors and a variety of light and heavy power equipment that is used in Airfield maintenance and construction.
- Diagnose, maintain and repair electrical system components, ignition systems, computers, alternators, high voltage power generators, starters and batteries.
- Diagnose are repair hydraulic systems.
- Replace or repair faulty parts including wheel bearings, clutches, wheel cylinders, brakes, oil seals, shock absorbers, exhaust systems, steering mechanisms, and related parts and equipment.
- Repair or replace tires.
- Diagnose and repair front and rear drive axles, drive train components, belts, gears, chain drives and propeller shafts.
- Perform ongoing mechanical activities such as oil changes and refueling.
- Perform and monitor preventive maintenance schedules routines in order to enhance reliability and equipment life.
- Maintains service logs, parts inventories, other records to ensure smooth departmental operations.
- May perform other duties as assigned.

### **LEADERSHIP AND SUPERVISORY**

- The position has no supervisory responsibility.
- The position receives only general supervision. The incumbent is expected to recognize needs and carry out most activities unassisted.

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

- High school education or equivalent.
- Additional formal training formal training in engine and mechanical systems repair.
- The equivalent of two years of supervised on-the-job experience.
- Driver's License
- National Incident Management System IS-00700.a
- Introduction to the Incident Command System IS-00100.Pub

#### 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 the purpose and proper use of needed tools and equipment, including specialized tools, jigs and fixtures, lift devises.
- Knowledge of proper safety precautions including the use of safety and protection equipment.
- Knowledge of mechanical components and systems; equipment electronic/electrical parts and systems, and hydraulic parts and systems.
- Ability to operate electronic and mechanical testing devices.
- Knowledge of welding and metal fabrication.
- Ability to successfully diagnose and repair complex mechanical problems, and properly plan costs and time requirements for repair.
- Ability to maintain order and cleanliness within the shop.
- Ability to read and understand shop manuals and to follow complex oral instructions.

# **ENVIRONMENT & WORKING CONDITIONS**

• The work is largely performed in a shop or outdoors, subjected to the climactic elements.

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

- Continuous standing, bending, crouching, kneeling, twisting, etc.
- The strength and ability to lift 50 lbs. regularly and up to 100 lbs. on occasion.
- The manual dexterity to operate hand and powered tools and computers.
- Visual acuity to perform diagnostics, make repairs, read manuals, and prepare reports.

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

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 March 22,2019

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 Fo | or: Mechan   | ic              |        | Today's Date:                  |
|---------------------|--------------|-----------------|--------|--------------------------------|
| Name                |              |                 |        |                                |
| (Last)              | (First)      | (MI             | )      | Social Security Number:        |
| Address:            |              |                 |        | Telephone Number:              |
|                     |              |                 |        |                                |
| City                | State        | Zip             |        | Date of Birth                  |
|                     |              |                 |        |                                |
| Check One:          |              | □ Ma            | le     | ☐ Female                       |
| Check one of the    | following: ( | Ethnic Origin)  |        |                                |
| White               |              | Hispanic        |        | American Indian/Alaskan Native |
|                     |              |                 |        |                                |
| African Ame         | erican       | ☐ Asian/Pacific | Island | nder                           |
| Marital Status:     |              | ☐ Ma            | rried  | Single                         |
| Referral Source:    | Colle        | ege/Tech School |        | Newspaper                      |
| Walk-In             | ☐ Fr         | iend/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: Mechanic

ADVERTISEMENT PERIOD: 03/11/19 - 03/22/19

|  | PERSONAL                                  |                    |       |  |
|--|---|--------------------|-------|--|
| NAME   |   |                    |       |  |
| (Last)   | (First)                                   | (Middle Initial)   |       |  |
| ADDRESS  |   |                    |       |  |
| (Street Address)   | (City)                                    | (State)            | (Zip) |  |
| HOME PHONE NO. ()  | ALTERNATE PHONE N                         | NO. ()             |       |  |
| SOCIAL SECURITY #  | EMAIL                                     |                    |       |  |
| ORIVER LICENSE#  | ClassExpiration                           | State              |       |  |
| When will you be available to begin Are you available to work shifts?                | in if selected for the position?          |                    | No    |  |
| •  | LO an an american de asiao                |                    |       |  |
| Are you authorized to work in the land (Proof of citizenship or immigration status v |   | 163                | No    |  |
| Have you ever been employed with   |   | Yes                | No    |  |
| If yes, give dates   |   |                    |       |  |
| Have you ever been convicted of a  | a crime other than minor traffic violatio | ns? Yes            | No    |  |
| If yes, state nature of offense, whe   | n, where and disposition                  |                    |       |  |
| (A conviction will not necessarily disqualify  | y an applicant from employment)           |                    |       |  |
| Do you have any relatives presently  | ly employed by the Jackson Municipal      | Airport Authority? | YesNo |  |
| 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:  |            |         | so            | CIAL S   | SECUR    | ITY NO.:                   |                           |            |         |                 |        | •        |        |
|--|------------|---------|---------------|----------|----------|----------------------------|---------------------------|------------|---------|-----------------|--------|----------|--------|
| Education & Training   |            |         |               |          |          |                            |                           |            |         |                 |        |          |        |
|  | T          | High    | School        |          | Co       | 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 o                                 | f educatio | n requi | red)          |          |          |                            |                           |            |         |                 |        |          |        |
| Describe Course of Study:                                      |            |         |               |          |          |                            |                           |            |         |                 |        |          |        |
|  |            |         |               |          |          |                            |                           |            |         |                 |        |          |        |
| Describe Specialized Training,                                 | Apprentice | eships, | Skills, Extr  | ra-Curri | cular Ac | tivities, Fo               | reign Langı               | uages:     |         |                 |        |          |        |
|  |            |         |               |          |          |                            |                           |            |         |                 |        |          |        |
| Complement Experience  |            |         |               |          |          |                            |                           |            |         |                 |        |          |        |
| Employment Experience Start with your present or last          | ∔ioh Ifur  | complo  | and start     | with w   | our imm  | adiata na                  | at amploye                | cont Ro    | anacit  | "a and          | l comr | doto In  | ماييام |
| Start with your present or last military service assignments a | -          |         | -             | -        |          | · ·                        | -                         |            | -       |                 | -      |          |        |
| application. Exclude organization                              |            |         |               | -        | -        |                            |                           |            |         | _               |        | -        |        |
| status. Explain any gaps be                                    |            |         |               |          |          |                            |                           |            |         |                 |        |          |        |
| disqualification from the selecti                              |            |         |               |          | -        |                            | ips iii eiii <sub>l</sub> | ЛОУППЕН    | L VVIII | De յս           | Sunoai | 1011 101 | youi   |
| uisquaimodilon nom the octool                                  |            |         | - dudition is |          |          |                            |                           |            |         |                 |        |          |        |
| Your Job Title   |            |         |               |          |          | Telephone                  | e No. (                   | _)         |         |                 |        |          |        |
| <del>-</del>   |            |         |               |          | _        | •                          | ·                         |            |         |                 |        |          |        |
| Company Name   |            |         |               |          |          | Employed                   | I (Indicate N             | /lonth, Da | ay and  | Year)           |        |          |        |
|  |            |         |               |          |          |                            |                           |            |         |                 |        |          |        |
| Address  |            |         |               |          | _        | From                       |                           |            | _ To    |                 |        |          |        |
|  |            |         |               |          |          |                            |                           |            |         |                 |        |          |        |
|  |            |         |               |          | -        |                            |                           |            |         |                 |        |          |        |
|  |            |         |               |          |          | Annual Sa                  | -                         |            |         |                 |        |          |        |
| Name of Supervisor   |            |         |               |          | _        | Start                      |                           |            | Las     | t               |        |          |        |
|  |            |         |               |          |          |                            |                           |            |         |                 |        |          |        |
| Describe Your Duties   |            |         |               |          | _        | Reason fo                  | or Leaving _              |            |         |                 |        |          |        |
|  |            |         |               |          |          |                            |                           |            |         |                 |        |          |        |
|  |            |         |               |          | =        |                            |                           |            |         |                 |        |          |        |
|  |            |         |               |          |          | <b>N</b> 4 NA4             | 0                         |            |         | V               |        |          | 1      |
|  |            |         |               |          | _        | May We                     | Contact T                 | nis Empi   | oyer?   | Yes             | N      | 10       | ı      |
|  |            |         |               |          |          | If No. Pla                 | ease Explai               | n          |         |                 |        |          |        |
|  |            |         |               |          | _        | II NO, FI                  | заѕе шхріаі               | ''         |         |                 |        |          |        |
| Full Time  |            | Part-Ti | ime           |          |          |                            |                           |            |         |                 |        |          |        |
|  |            |         |               |          |          |                            |                           |            |         |                 |        |          |        |

| Your Job Title  Company Name  Address  Name of Supervisor | Employed (Indicate Month, Day and Year)  From To  Annual Salary  Start Last  Reason for Leaving |
|---|---|
| Company Name  | Employed (Indicate Month, Day and Year)  From To  Annual Salary  Start Last  Reason for Leaving |
| Address   | From To   |
|   | Annual Salary Start Last Reason for Leaving   |
| Name of Supervisor_                                       | Start Last Last Reason for Leaving  |
| Name of Supervisor  | Reason for Leaving  |
|   |   |
| Describe Your Duties                                      |   |
|   | May We Contact This Employer? Yes  No   |
|   | If No, Please Explain   |
| Full Time   |   |
| Full Time Part-Time                                       |   |
| Your Job Title  | Telephone No. ()  |
| Company Name  | Employed (Indicate Month, Day and Year)   |
| Address   | From To   |
|   | <br>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 TimePart-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  | n considering your application.                 |
|  |   |
|  |   |
|  |   |
| Indicate any professional licenses or certificates, license number | ers, 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 Author   | ity to obtain information pertaining to my employ   | /ment,    |
|--------------------------------------|----------------------------|---|-----------|
| attendance, performance reports      | , and disciplinary record  | s from previous or current employers. I hereby a    | uthorize  |
| release of this information. This    | release is executed with   | full knowledge and understanding that the inform    | nation is |
| for the official use of the Jacks    | son Municipal Airport A    | uthority only as may be necessary in arriving       | at an     |
| employment decision.                 |                            |   |           |
| I hereby release you as the cust     | odian of such records fro  | om any and all liability for damages of any kind be | ecause    |
| of compliance with this authorizat   |                            |   |           |
| or compliance with the adminization  | ion, and roquost you to re | woodo u o u no mattor roquodea.                     |           |
| Please print all information legibly | with black ink.            |   |           |
| Full Name                            |                            | Social Security Number                              |           |
| Current Address                      |                            |   |           |
| Telephone Number(s)                  | (Day)                      | (Evening)   |           |
| Signature of Applicant               |                            | - Date  |           |