

**Jackson Municipal Airport Authority
Mechanic**

DEFINITION

To perform difficult and complex skilled mechanical duties involving repairs to gasoline and diesel powered automotive, heavy and light construction and other power-driven equipment.

SUPERVISION RECEIVED AND EXERCISED

Receives general supervision from the Airfield Maintenance Supervisor.

Exercises no supervision

EXAMPLES OF IMPORTANT DUTIES AND RESPONSIBILITIES--*Essential and important duties and responsibilities may include, but are not limited to, the following:*

Essential Duties and Responsibilities:

Perform difficult and complex skilled mechanic duties involving repairs to gasoline and diesel powered automotive, heavy and light construction and other power-driven equipment.

Inspect, diagnose and perform preventive maintenance inspections on airport automobiles, trucks, tractors, backhoes, bull dozers and a variety of gasoline and diesel powered maintenance and construction equipment.

Diagnose, maintain and repair electrical system components, ignition systems, computers, alternators, high voltage power generators, starters and batteries.

Diagnose, maintain, repair and recondition hydraulic systems.

Diagnose and repair AC (Air Conditioner) systems in vehicles and airfield equipment.

Diagnose and repair front and rear drive axles, drive train components, belts, gears, chain drives and propeller shafts.

Replace or repair faulty parts including wheel bearings, clutches, oil seals, shock absorbers, exhaust systems, steering mechanisms, and related parts and equipment.

Overhaul, repair, and adjust engines, differentials, and clutches.

Tune up engines by replacing ignition parts and reconditioning and adjusting carburetors, throttle body and port fuel injection systems and propane fuel systems.

Essential Duties and Responsibilities (continued):

Repair, adjust and replace brake systems including wheel cylinders, masters cylinders disc pads, machine drums and rotors, hydraulic and air brakes.

Weld, fabricate and assemble parts and equipment for airport automotive and heavy equipment; fabricate, modify and repair body and chassis parts.

Repair chainsaws, weed eaters, trimmers, blowers, edging equipment, and pressure washers.

Maintain and repair shop equipment including hoists, grinders, welders, compressors, steam cleaners, and presses.

Track assigned work orders with time, and material.

Assist with ordering parts and supplies, maintain and track spare parts inventory.

Other Important Responsibilities and Duties:

May assist in grounds and airfield maintenance activities including mowing, weeding, painting runways, concrete and asphalt work and snow removal.

Familiar with office software such as MS word and Excel.

Ability to complete purchase order requests.

Perform related duties and responsibilities as required.

QUALIFICATIONS

Knowledge of:

Tools, equipment, and procedures used in the overhaul, repair, and adjustment of gas and diesel powered vehicles and equipment.

Procedures of preventive maintenance related to automotive and heavy and light construction equipment.

Operating and repair characteristics of a wide variety of automotive, light and heavy equipment used by the airport.

Operation and care of internal combustion engines.

Methods, materials, equipment and tools used in routine welding and fabrication work.

Safe work practices.

Ability to:

Perform difficult journey level equipment mechanic work including the diagnosing, troubleshooting, fabricating, and repair of vehicles and equipment.

Work independently in the absence of supervision.

Accurately determine mechanical repair needs and estimate the cost and time of repairs.

Use a variety of vehicle and equipment mechanic tools and equipment.

Maintain shop and repair records.

Maintain physical condition appropriate to the performance of assigned duties which may include the following:

*walking, sitting, crouching, crawling, climbing, and kneeling,
operating tools and equipment
lifting heavy object*

Work in extreme temperatures and under weather conditions.

Understand and follow oral and written directions.

Establish and maintain a cooperative working relationships with those contacted in the course of work.

Experience and Training Guidelines

Any combination of experience and training that would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the knowledge and abilities would be:

Experience:

Two years of journey level experience performing minor and major equipment repair duties including experience in the maintenance of both diesel and gas powered equipment.

Training:

Equivalent to the completion of the twelfth grade supplemented by specialized training in the maintenance and repair of diesel and gas vehicles and powered equipment.

License or Certificate

Possession of, or ability to obtain, an appropriate, valid Mississippi driver's license

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
recruiter@jmaa.com
Acceptance deadline is **January 3, 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 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 _____	



JACKSON MUNICIPAL AIRPORT AUTHORITY

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: 12/20/2018-01/03/2019

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 _____
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.

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