



Jackson Municipal Airport Authority's mission is to connect Jackson to the world, and the world to Jackson. If you'd like to see your career take flight and help us deliver on this mission, apply with us today! If you land a position with JMAA, there are abundant benefits you may be eligible for including medical, dental, vision, life and disability insurances, generous time off benefits, a rich retirement program and more! JMAA encourages the development of its team members and has an education reimbursement program too. If you have the skills to successfully fill one of our open positions, we would love to speak with you!

**JMAA** is currently looking for qualified candidates to fill the role of **Procurement Specialist**.

#### **What traits do we seek? Successful candidates will...**

- Knowledge of and ability to follow State, Federal, and JMAA's procurement policies and procedures.
- Display strong initiative while being attentive to details and compliance focused.
- Shine at providing excellent customer service, communicating effectively, and building relationships internally and with vendors while demonstrating high ethical standards
- Have a bachelor's degree in business, accounting or related field.
- Have a minimum of 4 years' experience or equivalent combination of education and experience
- Have a valid Mississippi driver's license with a class B endorsement and ability to receive authorization to drive in secured areas.

#### **What Do You Get to Do? You will...**

- Prepare contracts, Request for Proposals, Request for Bids, and Request for Qualifications.
- Responds to questions from staff and contractors regarding bid specifications and purchasing procedures.
- Verifies all prices, shipping terms and methods, and delivery dates before confirming or placing orders.
- Coordinates the procurement of travel services for staff to include assistance with identification of appropriate services in compliance with JMAA's Travel Policy for Airport Authority Staff including preparation of JMAA Training and Travel Request forms.
- Coordinates with all departments concerning supplies/materials and maintains contacts with vendors to keep abreast of new products, changes in existing products, and changes within the vendor's company.
- Coordinates and controls the use of the JMAA Purchasing Card to facilitate purchases and consolidate invoicing.
- Coordinates the procurement of travel services for staff.
- Coordinates with all departments to procure appropriate warranties and service packages as part of initial purchase options.
- May perform other duties as assigned.

If you are up for this amazing career opportunity where the sky is the limit, send your resume to [recruiter@jmaa.com](mailto:recruiter@jmaa.com) and be sure to include "**Procurement Specialist**" in the subject line. We welcome you to learn more about us at [jmaa.com](http://jmaa.com).

This job posting is a summary of the primary duties and responsibilities of the position. It is not intended to be a comprehensive listing of all duties and responsibilities. A detailed job description will be provided during the interview.

We're an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability, genetic information, and any other protected status.

## 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.

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| Last Name | First Name | MI |
|-----------|------------|----|
|-----------|------------|----|

Check one: Sex: ☐ Male ☐ Female

Check one: Marital Status ☐ Married ☐ Single

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Check one of the following:

|                                   |                                                 |                                                         |
|-----------------------------------|-------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> White    | <input type="checkbox"/> African American       | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other Specify: _____           |

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How did you hear about us? Check one of the following:

|                                    |                                              |                                               |
|------------------------------------|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Walk-In   | <input type="checkbox"/> Employment Agency   | <input type="checkbox"/> Friend/Relative      |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> College/Tech School | <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: **Procurement Specialist**  
ADVERTISEMENT PERIOD: **06/01/2020 – 06/15/2020**

#### Personal:

|                   |  |                       |            |       |
|-------------------|--|-----------------------|------------|-------|
| Last Name         |  | First Name            |            | MI    |
| Address           |  |                       |            |       |
| City              |  | State                 | Zip        |       |
| Social Security # |  |                       |            |       |
| Home Phone # ( )  |  | Alternate Phone # ( ) |            |       |
| 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 driver's 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 #: \_\_\_\_\_

| 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<br>Describe Course of Study:                 |             |    |    |    |                            |   |   |   |                 |   |   |   |   |
| Describe Specialized Training, Apprenticeships, 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 Number ( _____ )                                                             |
| Company Name _____                                                    | Employed Dates (Indicate Month, Day and Year)                                          |
| Address _____                                                         | From: _____ To: _____                                                                  |
| City, State, Zip _____                                                | Annual Salary:                                                                         |
| Name of Supervisor _____                                              | 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 <input type="checkbox"/> Part-Time <input type="checkbox"/> |                                                                                        |

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

|                                                                       |                                                                                        |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Your Job Title _____                                                  | Telephone Number ( _____ )                                                             |
| Company Name _____                                                    | Employed Dates (Indicate Month, Day and Year)                                          |
| Address _____                                                         | From: _____ To: _____                                                                  |
| City, State, Zip _____                                                | Annual Salary:                                                                         |
| Name of Supervisor _____                                              | 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 <input type="checkbox"/> Part-Time <input type="checkbox"/> |                                                                                        |

|                                                                       |                                                                                        |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Your Job Title _____                                                  | Telephone Number ( _____ )                                                             |
| Company Name _____                                                    | Employed Dates (Indicate Month, Day and Year)                                          |
| Address _____                                                         | From: _____ To: _____                                                                  |
| City, State, Zip _____                                                | Annual Salary:                                                                         |
| Name of Supervisor _____                                              | 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 <input type="checkbox"/> Part-Time <input type="checkbox"/> |                                                                                        |

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

|                                                                       |                                                                                        |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Your Job Title _____                                                  | Telephone Number ( _____ )                                                             |
| Company Name _____                                                    | Employed Dates (Indicate Month, Day and Year)                                          |
| Address _____                                                         | From: _____ To: _____                                                                  |
| City, State, Zip _____                                                | Annual Salary:                                                                         |
| Name of Supervisor _____                                              | 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 <input type="checkbox"/> Part-Time <input type="checkbox"/> |                                                                                        |

|                                                                       |                                                                                        |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Your Job Title _____                                                  | Telephone Number ( _____ )                                                             |
| Company Name _____                                                    | Employed Dates (Indicate Month, Day and Year)                                          |
| Address _____                                                         | From: _____ To: _____                                                                  |
| City, State, Zip _____                                                | Annual Salary:                                                                         |
| Name of Supervisor _____                                              | 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 <input type="checkbox"/> Part-Time <input type="checkbox"/> |                                                                                        |

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

### 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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### References:

List the name, address, and telephone number of at least three references who are not related to you and are not previous employers.

| Name | Address | Telephone Number |
|------|---------|------------------|
|      |         |                  |
|      |         |                  |
|      |         |                  |

### 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 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 # \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone # (Day) \_\_\_\_\_

Telephone # (Evening) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_