



Jackson Municipal Airport Authority Aviation Summer Internship Program

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.

_____ Last Name _____ First Name _____ MI

Social Security Number: _____ Date of Birth: _____

Physical Address: _____

_____ City _____ State _____ Zip Code

Check one: Sex: Male Female

Check one: Marital Status Married Single

Check one of the following:

White African American American Indian/Alaskan Native
 Hispanic Asian/Pacific Islander Other Specify: _____

Check one of the following:

Belhaven University Millsaps College
 Jackson State Univ. Tougaloo College



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: Airport Aviation Summer Internship Program
APPLICATION DEADLINE: April 16th

Personal:			
Last Name _____		First Name _____	
		MI _____	
Address _____			
City _____		State _____	Zip _____
Social Security # _____			
Home Phone # (____) _____		Alternate Phone # (____) _____	

Driver License # _____	Class _____	Expiration _____	State _____
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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
School Name & Location		
Years Completed (circle)	9 10 11 12	1 2 3 4
Diploma/Degree (Verification of education required)		
Describe Course of Study:		
Describe Specialized Training, Apprenticeships, Foreign Languages:		

Additional Skills

State any additional information you feel may be helpful to us in considering your application.

Indicate any special awards, organizations, clubs and/or extra-curricular activities you have received or participate in.

Professional and/or Educational References:

List the name, address, and telephone number of at least three professional 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.

NAME: _____ SOCIAL SECURITY #: _____



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

Please submit completed ASIP application along with resume and cover letter 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 **April 16, 2018**

EOE