Job Title	Maintenance Manager	Job Code 38	FLSA Exempt		
Job Family	First/Mid-Level Officials & Managers	Grade	37		
Department	Maintenance	Created Date	8/31/16		
Reports to	Chief Operating Officer	 Revised Date			

## JOB SUMMARY

Directs airfield and terminal maintenance, repair, and development activities at the Airport Authority's facilities. Supports and contributes to the development and implementation of the Airport's Master Plan. Coordinates and directly contributes to Airport Authority safety, security, construction, maintenance, and custodial needs of other divisions.

## **ESSENTIAL DUTIES & RESPONSIBILITIES**

- Makes repairs and conducts preventative maintenance of Airport Authority facilities, including terminal buildings, airfield grounds, airfield facilities, roadways, taxiways, and runways.
- Directs the monitoring and inspection of JMAA facilities, leases and contracts for compliance with contractual obligations, insurance and other financial requirements and ensures that the Airport Authority's liability ad exposure is limited or minimized.
- Manages employees who are directly responsible for the daily activities necessary to maintain the airport to include the electrical, plumbing and mechanical operations of airport facilities, including building and airfield electrical needs, and heating and air conditioning operations.
- Oversees the inspection, maintenance, and repair of equipment.
- Coordinates employee participation from the Facilities Department with the department of Public Safety and Operations as it relates to airport security, certification, and emergency operations.
- Monitors the daily activity of contractual obligations. Coordinates contract monitoring with representatives from the vendor.
- Responsible for planning, design and construction of Airport Authority projects and staff or consultants responsible for the maintenance, repair, improvement and expansion of airport facilities, Also, responsible for the coordination of all construction or improvements on airport property with Airport Authority staff, as well as local, state and federal agencies.
- Responsible for the maintenance and repair of the Authority's equipment, including vehicles, and mowers, along with mechanical and electrical equipment, tools and utility support systems.
- Responsible for the division's budget, preparation, administration, and administration and monitoring.
- Responsible for ensuring the Authority's compliance with local, state and federal regulations governing environmental impacts of airport projects and activities.
- May perform other duties as assigned.

#### LEADERSHIP AND SUPERVISORY

- Receives general supervision from the Chief Operating Officer.
- Exercises supervision over both Airfield and Terminal Maintenance Departments.

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

Bachelor's degree in aviation management with experience in construction management, business management, or related field.

At least five years of facilities management experience.

A minimum of five years of experience managing a large department.

Requires Mississippi Driver's License and must pass background check.

#### 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 effectively plan, budget, and monitor performance.
- Leadership skills to guide the department.

#### **ENVIRONMENT & WORKING CONDITIONS**

This position is performed both in an office setting and in the facility.

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

#### **Requires:**

- Walking and standing.
- Sitting in an office working on a computer occupies a significant portion of the time.

*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 July 11, 2018 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.

Positi	ion Applied F	or:			Tod	ay's Date:			
Name	e								
(Last	:)	(First	t)	(MI)	Soc	ial Security	v Numt	ber:	
Addre	ess:				Tele	ephone Nur	mber:		
City		State	Zip		Dat	e of Birth			
Chec	k One:			Male					
Chec	k one of the	followin	g: (Ethnic Origin)						
	White		Hispan	ic			Ameri	can Ind	ian/Alaskan Native
	African Am	erican	Asian/F	Pacific Islar	lder			Other	
Marita	al Status:			Married					Single
Refer	rral Source:		College/Tech School		Nev	/spaper			Employment Agency
	Walk-In		Friend/Relative			Other-Sp	ecify		



# 100 INTERNATIONAL DRIVE, SUITE 300 JACKSON, MISSISSIPPI39208

#### **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: Maintenance Manager

#### ADVERTISEMENT PERIOD: 06/27/2018 - 07/11/2018

	Р	ERSONAL		
NAME				
(Last)	(First)		(Middle Initial)	
ADDRESS				
(Street Address)	(City)		(State)	(Zip)
HOME PHONE NO. ()	ALTER	RNATE PHONE NO	). ()	
SOCIAL SECURITY #				
DRIVER LICENSE #	Class	Expiration	State _	
When will you be available to begin	if selected for the pe	osition?		
Are you available to work shifts?			Yes	No
Are you authorized to work in the U	.S. on an unrestricte	d basis?	Yes	No
(Proof of citizenship or immigration status with	l be required upon emplo	yment)		
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 disposit	ion		
(A conviction will not necessarily disqualify	an applicant from employr	ment)		
Do you have any relatives presently	employed by the Ja	ckson Municipal Air	port Authority?	Yes
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:

#### **Education & Training**

	High School			Co	ollege/Tech	nnical/Busi	iness	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 educ	ation requ	uired)										
Describe Course of Study:													
Describe Specialized Training,	Apprer	nticeships,	Skills, Ex	ktra-Cur	ricular A	Activities, F	oreign La	nguages:					
, ,		•					Ū						

#### **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.

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 $\Box$ No $\Box$
·	If No, Please Explain
Full Time Part-Time	

N.	A	M	E:

\_\_\_\_\_

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 ☐
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 $\Box$ No $\Box$
	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

# 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)

 Telephone Number(s)
 (Day)
 (Evening)

 Signature of Applicant
 Date