

JACKSON MUNICIPAL AIRPORT AUTHORITY CAPITAL PROGRAMMING INTERN

The Jackson Municipal Airport Authority (“JMAA”) Capital Programming Division has the primary responsibility for planning and development of long term maintenance/replacement and major repairs of the airfields, terminal facilities, supporting infrastructure, grounds, roadways, systems, and other major capital equipment needs of JMAA. All capital improvement projects align with JMAA’s Strategic Plan 2021 goals and objectives. The Capital Programming Division seeks to further its participation in the community by providing an internship opportunity that would allow “on the job” training for future Program Managers and Project Managers. The selected intern will partner with JMAA’s Capital Programming Division on various supporting efforts.

The primary purpose of this position is to obtain working experience in 4 critical areas:

1. Project Management/Support
2. Construction Inspections
3. Project Scheduling
4. Project Estimating

JMAA Internship Program is 8 – 10 weeks.

SUPERVISION RECEIVED AND EXERCISED

Receives supervision from the Director of Capital Programming.

Exercises no supervision.

EXAMPLES OF IMPORTANT DUTIES AND RESPONSIBILITIES

Essential and other important duties and responsibilities may include, but are not limited to the following:

- Assist with planning and implementing construction schedules
- Assist with the review of project reports, plans, schematic designs, specifications and estimates
- Development of preliminary scope of work and cost estimates for projects

Knowledge and Skills

- Oral and written communication skills with the ability to adequately relay data, facts, information, and procedures.
- Team Work - Required to work with groups and individuals in a courteous and professional manner.
- Customer Service - Ability to listen to customer needs and respond in a timely fashion.
- Attentive to details.
- Problem solving and analytical skills.
- Ability to use sound judgment, logic and reason.
- Responsible to work independently in the absence of supervision.

Physical Requirements:

- Ability to walk and stand for extended periods of times, sometimes walking on uneven surfaces.
- Ability to work on a computer for long periods of time, utilizing a keyboard and mouse.
- Ability to utilize typical office equipment such as telephone, photocopier, etc.

Motor Coordination:

The incumbent is required to work in a variety of locations on Airport property to oversee active projects and observe maintenance activities. May be exposed to varying weather conditions, loud noise, and fumes. Requires typical safety precautions. Some work completed in an office setting.

Education and Experience:

- Must be actively pursuing a 4 year degree at an accredited university
- Must be pursuing a degree in engineering, architecture, public administration, urban planning, aviation planning, or related fields.
- An ideal candidate will be a rising junior or senior.
- An ideal candidate will have a 3.0 cumulative GPA or higher.
- Must be local and/or willing to commute or relocate independently to hiring facility

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 **June 11, 2018**
EOE



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: **CAPITAL PROGRAMING INTERN**

ADVERTISEMENT PERIOD: **05/25/2018-06/11/2018**

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 _____	<div style="text-align: center;">Annual Salary</div> 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