

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 **“Senior Accountant/Finance Specialist”**

**What traits do we seek? Successful candidates will…**

* Provide professional accounting support to senior management, producing monthly financial statements used to track revenue and expenses, and supporting the organization’s financial stability. Also, responsible for fixed assets and capital project accounting, balance sheet reconciliations, and budget preparation and may be required to work overtime and weekends. Display strong initiative while being attentive to details and computer competent.
* Experience working in a complex public sector environment with rapidly-changing needs, multiple sources of funding, multiple service contracts, and multi-agency contracts is strongly preferred.
* Bachelor’s degree in Accounting or Finance or related field. Master’s degree is preferred.
* 5 years of experience In Accounting and/or Auditing
* Be able to pass and maintain background and security clearance
* 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…**

* Prepares financial reports for federal, state, and local agencies
* Assists with budget preparations and monitoring
* Reconciles bank statements to general ledger cash accounts and subsidiary ledger accounts to general ledger
* Prepares and reviews journal entries
* Prepares gasoline and diesel usage reconciliation
* Operates petty cash account by disbursing funds to staff and reconciling petty cash account
* Participates in the development and implementation of goals, objectives, and initiatives for the Finance Department, identifies resource needs, and recommends and implements fiscal policies and procedures
* Researches and applies Generally Accepted Accounting Principles (GAAP), standards, state, and federal laws and regulations affecting the areas of responsibility, and develops procedures as needed
* Assists in preparing comprehensive reports, prepares financial reports that are required by law, and conducts various financial analyses
* Maintains the fixed asset sub-ledger for JMAA’s property (includes additions, deletions, and/or property updates)
* Maintains work-in-progress files for capital projects, closes out projects, and capitalizes fixed assets
* Leads internal fixed assets audits
* Inputs and retrieves fiscal and statistical information from the computer
* Answers accounting questions and explains procedures to staff as needed

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 “**Senior Accountant/Finance Specialist**” in the subject line. We welcome you to learn more about us at [jmaa.com](https://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.

Last Name First Name MI

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:

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

Walk-In Employment Agency Friend/Relative

Newspaper College/Tech School Other Specify:

**A blue logo with white text

Description automatically generated with low confidence100 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: **Senior Accountant/Finance Specialist**

ADVERTISEMENT PERIOD:

**Personal:**

Last Name First Name MI

Address

City State Zip

Social Security # Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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  Yes |  | No  No |  |
|  |  |

Are you authorized to work in the U.S. on an unrestricted basis?

*(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

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Have you ever been convicted of a crime other than minor traffic violations?

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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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, 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 No

If No, Please Explain

Full-Time Part-Time

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 No

If No, Please Explain

Full-Time Part-Time

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 No

If No, Please Explain

Full-Time Part-Time

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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 No

If No, Please Explain

Full-Time Part-Time

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 No

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.

**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.**

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**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