P.O. Box 272
412 Courthouse Square
Columbia, MS 39429
Phone: 601-736-6385

MARION COUNTY DEVELOPMENT PARTNERSHIP (MCDP)

Employment Application -- Chamber of Commerce Director

Marion County Development Partnership
P.O. Box 272
Columbia, Mississippi, 39492
Phone: 601-736-6385
Email: lwatts@mcdp.info

If you need any additional space in any of the sections below, feel free to utilize the back of the paper or to attach additional pages.

APPLICANT INFORMATION

Full Name:

_____

Mailing Address:

_____

City: _____ **State:** _____ **ZIP:** _____

Phone Number: _____

Email Address:

_____

Date Available to Begin Work: _____

POSITION INFORMATION

Position Applied For:
☒ Chamber of Commerce Director

Employment Desired:
☒ Full-Time

EDUCATION

High School

School Name: _____

Location: _____

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Did you graduate? ☐ Yes ☐ No

College / University / Technical School

School Name	Location	Degree / Coursework	Years Completed

PROFESSIONAL EXPERIENCE

Please list your most recent employment first. A resume is required and must be attached to this application. Applicants may abbreviate this section provided the attached resume contains all requested employment information.

Employer #1

Employer:

_____

Position Title:

_____

Dates Employed: _____

Supervisor: _____

Phone Number: _____

Primary Duties and Responsibilities:

_____

_____

_____

Reason for Leaving:

_____

_____

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Employer #2

Employer:

_____

Position Title:

_____

Dates Employed: _____

Supervisor: _____

Phone Number: _____

Primary Duties and Responsibilities:

_____

_____

_____

Reason for Leaving:

_____

_____

Employer #3

Employer:

_____

Position Title:

_____

Dates Employed: _____

Supervisor: _____

Phone Number: _____

Primary Duties and Responsibilities:

_____

_____

_____

Reason for Leaving:

_____

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PROFESSIONAL & COMMUNITY EXPERIENCE

Please describe any experience you have related to:

- Chamber of commerce or membership organizations
- Community engagement or nonprofit work
- Event coordination or sponsorship development
- Tourism promotion or marketing
- Small business support or customer service
- Public relations or communications

WRITTEN RESPONSE QUESTIONS

1. Why are you interested in the Chamber of Commerce Director position with the Marion County Development Partnership?

2. Describe your experience building relationships, serving members/customers, or working with businesses and community stakeholders.

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3. Describe your experience with communications, marketing, events, sponsorships, or public engagement activities.

SKILLS & EXPERIENCE CHECKLIST

Please check all areas in which you have experience or proficiency:

Membership & Community Relations

☐ Membership recruitment
☐ Membership retention
☐ Customer/member service
☐ Business relationship development
☐ Volunteer coordination
☐ Public speaking/presentations
☐ Community outreach

Events & Programs

☐ Event planning
☐ Sponsorship coordination
☐ Fundraising/donor relations
☐ Banquets or large events
☐ Ribbon cuttings/community ceremonies
☐ Tourism/community events

Communications & Marketing

☐ Social media management
☐ Newsletter/email communications
☐ Press releases/media relations
☐ Website updates/content
☐ Graphic design or promotional materials
☐ Photography/video/social content

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Administrative & Technology Skills

☐ Microsoft Word
☐ Microsoft Excel
☐ Microsoft Outlook/email systems
☐ Database or CRM software
☐ GrowthZone experience
☐ Budget tracking/reporting
☐ General office administration

PROFESSIONAL REFERENCES

Reference #1

Name: _____

Organization/Employer: _____

Relationship: _____

Phone: _____ **Best time to call:** _____

Email: _____

Reference #2

Name: _____

Organization/Employer: _____

Relationship: _____

Phone: _____ **Best time to call:** _____

Email: _____

Reference #3

Name: _____

Organization/Employer: _____

Relationship: _____

Phone: _____ **Best time to call:** _____

Email: _____

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APPLICANT ACKNOWLEDGMENT

I certify that the information provided in this application and any attached materials is true and complete to the best of my knowledge. I understand that any false, misleading, or omitted information may disqualify me from employment consideration or result in termination if employed.

I understand that employment with the Marion County Development Partnership is at-will unless otherwise specified in writing.

I understand that selected candidates may be subject to background checks and drug testing in accordance with organizational policies and applicable law.

I authorize the Marion County Development Partnership to verify information provided in this application and to contact references and previous employers regarding my qualifications and employment history.

Applicant Signature: _____

Date: _____

APPLICATION SUBMISSION

Please submit:

- Completed application
- Resume
- Any additional supporting materials you wish to include

Applications may be submitted by mail, email, or in person to:

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