Brownsville-Haywood County Chamber of Commerce Executive Director Job Description

The Brownsville-Haywood County Chamber of Commerce is currently seeking an enthusiastic, motivated professional to identify and attract new business and support the growth and development of existing business in our community by representing local business owners and serving as their advocate in order to best strengthen our community.

The person selected for this role will have the exciting prospect to have an enduring impact on Brownsville-Haywood County's growth, development and economic future.

Short/Long-Term Planning

- Identify Chamber/Community needs
- Establish system of measuring progress of programs and goal attainment including implementing ideas attained from seminars & conferences
- With the Board of Directors, responsible for developing a 3-5-10 year plan along with an annual Program of Work

Policy & Procedures

- Follow and adhere to bylaws and policies set in place by Board of Directors
- Responsible for preparation of agendas, maintenance of Board Minutes & Records and carrying out the plans and programs in accordance with established policies
- Serve as a representative for all contacts with the Chamber staff and the community
- Initiate programs for consideration of the Board
- Communicate with and keep abreast of any programs and special projects operating under the umbrella of the Chamber and the community

Responsibility & Authority

- Responsible for the supervision of all personnel and the establishment within the framework of the approved budget in terms of their employment
- Ensure participation in professional conferences, seminars and institutions as needed to develop and maintain peak efficiency
- Responsible for location, design and maintenance of headquarters as approved by the Executive Committee to provide efficient operations and attractive "front door" for the Chamber, community, and visitors
- Responsible for keeping the Chamber website updated

Community

- Through the Membership Committee, the Director is responsible for maintaining membership at a level to ensure necessary income for operations of the program, including membership drives
- Through the Planning & Organization Committee, organizes membership dinners

and events

• The Chamber Director is also expected to work hand-in-hand with other community entities

Economic Development

- The Chamber Director will serve as a liaison with State ECD Officials, WTIA, HTL and local city & county officials
- Maintains up-to-date marketing materials
- Industrial & Retail recruiting

Education Requirements: 4-Year Degree Preferred or Equivalent Experience

<u>Mission Statement:</u> To unite, guide, support and speak for business, industry, agriculture and quality of life issues of the people of Haywood County by sponsoring programs and activities which stimulate economic growth, promote civic pride and encourage community involvement.



BROWNSVILLE/HAYWOOD COUNTY CHAMBER OF COMMERCE APPLICATION FOR EMPLOYMENT

*Mail application to PO Box 118, Brownsville, TN 38012

*Must be postmarked by Sept. 30, 2015

Last Name:	First Name:	Middle Initial:		
Address:	City, State, Zip_			
Date of Birth:				
Telephone #:				
Driver License: State	#			
SSN#:				
Date of Application:				
Do you have legal right to wor	rk in the United States?	Yes No		
Have you ever been convicted	of a felony? Yes	No		
If yes, please explain				
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WORK EXPERIENCE

*List below all present and past employment information and/or substantive volunteer work beginning with the most recent position and ending with your first.

1. Employer:		
Address:		
City/State/Zip:		
Title of Position:		
Duties and Responsibilities:		
From:	То:	
Supervisor:		
Phone Number:		
Salary History: Starting\$	Ending \$	
Reason for Leaving:		
2. Employer:		
Address:		
City/State/Zip:		
Title of Position:		
Duties and Responsibilities:		
From:	То:	
Supervisor:		
Phone Number:		
Salary History: Starting\$	Ending \$	
Reason for Leaving:		

3. Employer:			
Address:			_
City/State/Zip:			
Title of Position:	<u> </u>		
Duties and Responsibilities:			_
From:	To:		_
Supervisor:			
Phone Number:			_
Salary History: Starting\$	Ending	\$	
Reason for Leaving:			
4. Employer:			
City/State/Zip:			
Title of Position:			
Duties and Responsibilities:	·		
From:	То:		
Supervisor:			
Phone Number:			_ ∂
Salary History: Starting\$	Ending	\$	
Reason for Leaving:			

<u>IMPORTANT</u>

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I accept full responsibility for notifying the City of Brownsville, TN of any change in information in my application including, but not limited to, telephone number where I may be contacted.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any information orally and/or in writing that may be requested to arrive at an employment decision and waive any right of privilege, privacy, and/or confidentiality I may have in this information.

This application for employment shall be considered active for a period of time not to exceed <u>90</u> <u>days</u>. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with the City of Brownsville, TN or related agencies is completely of "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood this "at will" employment relationship may be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized official of the City of Brownsville, TN.

I understand, also, that I am required to abide by all rules and regulations given by my employer.

Applic	ant's	Signa	ture
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Date

NOTIFY IN CASE OF EMERGENCY

NAME:	RELATIONSHIP:		
ADDRESS:	CITY: STATE:ZIP:		
HOME PHONE:	BUSINESS PHONE:		

CONFIDENTIAL

Background Check Authorization

Print Name:					
(First)		(Middle)	(Last)		
Former Name(s) and Da	tes Use	d:			
Current Address Since:	<u> </u>				
Previous Address From:	. ,	(Street)		(City)	(Zip/State)
Totalogo Addioso From.		(Street)		(City)	(Zip/State)
Previous Address From:		·			
	(Mo/Yr)	(Street)		(City)	(Zip/State)
Social Security Number:		<u> </u>		DOB:	
Telephone Number:			···		
Drivers License Number/	State:				
The information contained in this application is correct to the best of my knowledge. I hereby authorize Brownsville Haywood Co Chamber of Commerce and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Brownsville Haywood Co Chamber of Commerce or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Brownsville Haywood Co Chamber of Commerce and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.					
Signature:				_ Date:	
Notice to California, Minnesota and Oklahoma Residents: Please check the box below if you wish to receive a copy of a consumer report that is requested. I wish to receive a copy of any Background Check Report on me that is requested.					