

Madison County Chamber of Commerce Application for Executive Director Position

Thank you for your interest in the Executive Director position at the **Madison County Chamber of Commerce**. Please complete the application below and submit it along with your resume and any supporting documents to [Insert Submission Email or Address] by [Deadline, if applicable].

Applicant Information	
Full Name:	
Address:	
City, State, Zip:	
Phone Number:	
Email Address:	
Preferred Method of Contact: Phone Email	
Are you a current resident of Madison County? Yes No	
If not, are you willing to relocate? Yes No	
Employment History	
(Please provide information for your last three positions or attach a resume.)	
Most Recent Employer	
Company Name:	
Position Held:	
Dates Employed:	
Supervisor's Name & Contact:	
Key Responsibilities:	

Previous Employer #2					
•	Company Name:				
•	Position Held:				
•	Dates Employed:				
•	Supervisor's Name & Contact:				
•	Key Responsibilities:				
•	Reason for Leaving:				
Previou	us Employer #3				
•	Company Name:				
•	Position Held:				
•	Dates Employed:				
•	Supervisor's Name & Contact:				
•	Key Responsibilities:				
•	Reason for Leaving:				
Educ	ation & Qualifications				
•	Highest Level of Education Completed:				
•	School Name:				
•	Degree(s) or Certification (if applicable):				
•	Relevant Coursework or Training:				

Skills & Experience

Please	check	all that apply:
		Event Planning & Management
		Public Speaking & Community Engagement
		Budgeting & Financial Management
		Marketing & Promotions
		Business Development & Relationship Building
		Grant Writing & Administration
		Social Media & Website Management
		Microsoft Office (Word, Excel, PowerPoint)
		Other (please specify):
Descri	ibe you	r experience working in leadership or management roles:
	is your o	experience with nonprofit organizations, chambers of commerce, or tourism ?
Shor	t Ansv	ver Questions
		e brief responses to the following questions.)
	Why a	re you interested in the Executive Director position at the Madison County ber of Commerce?
2.	How w	ould you support and grow Chamber membership?

3.	Describe a time you successfully planned and executed a business or community event.
4.	How do you handle financial management, including invoicing, tracking income and expenses, and budgeting?
5.	What strategies would you use to promote tourism and business development in Madison County?
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efere	e list three professional references.) ence #1 Name: Title/Company: Phone Number: Email: ence #2 Name:

Date:
Signature:
I authorize the Madison County Chamber of Commerce to contact my references and previous employers as part of the hiring process.
I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statements or omissions may result in my disqualification of termination if hired.
Applicant Agreement
• Email:
Phone Number:
Title/Company:
• Name:

Submission Instructions:

Reference #3

Please submit your completed application along with your resume and any supporting documents to:

chamber@madisonfl.org OR 👲 228 SW Range Ave. Madison, FL 32340

For questions regarding the application, contact **Jennifer Poore** at 850-973-2788