



PICKAWAY COUNTY – THE CROSSROADS FOR BUSINESS CONNECTIONS

Deputy Director, Economic Development

As the economic development agents for Pickaway County and its municipalities, The Pickaway County Port Authority (PCPA) and Pickaway Progress Partnership (P3) have three main objectives: promote and market the advantages of locating business in the county; promote a stronger business environment by facilitating retention and expansion efforts of local employers; and deliver a seamless network of economic development services and value-added programs to existing businesses, local government, and prospective companies throughout Pickaway County.

Position Summary: The primary function of the Deputy Director is to create, implement, and manage the PCPA & P3 programs and provide additional assistance to the Executive Director, as needed. Secondary functions include management of the PCPA & P3 staff, and development of departmental policies. This position will be hired by the PCPA with corresponding county benefits.

Essential Duties and Responsibilities

- Business Retention and Expansion (BRE) Program:
 - Maintain and build relationships with current employers
 - Implement a more systematic effort to engage major and emerging employers
 - Log meeting data and follow up items in One Columbus/JobsOhio Salesforce database
 - Conduct business visits to meet with business owners and identify key issues and solutions
 - Provide valuable assistance to businesses by navigating the array of business support programs available to them including technical, financial, networking, and regulatory support
 - Prepare and present BRE reports to inform PCPA & P3 board members
 - Identify, study, and track changes to local, regional, state, and federal economic development incentives that could support Pickaway County businesses

- P3 Development Site Database:
 - Maintain and build relationships with current landowners, brokers, utility providers, elected officials and regional development partners
 - Develop consistent and complete site profiles with current data and mapping
 - Ensure site profiles are synced with One Columbus/JobsOhio databases
 - Assist the Executive Director in effectively and efficiently responding to economic development opportunities
 - Prepares presentations for various site visits
 - Attends site visits representing the PCPA & P3
 - Other duties as assigned



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Desired Skills & Experience

- A strong desire to work with business owners and their senior managers, local elected officials, and our regional partners to build quality long-term relationships is essential to success
- Ability to work independently with little or no supervision. Self-starter who can exercise initiative and independent judgment
- Excellent communication including public speaking, writing, research, and organizational skills
- Professionalism and discretion in handling highly confidential matters are essential
- An eagerness to learn and work in a dynamic team environment building PCPA & P3's reputation
- Ability to easily switch between working on the details and thinking big picture, strategically.
- Ability to multitask, set priorities, and meet deadlines
- Proficiency in the use of all Microsoft Office programs
- Travel: Ability to travel daily within Pickaway County, and on occasion the surrounding region, statewide, and beyond

Qualifications:

Bachelor's Degree in Business Administration, Public Administration, Urban Planning, or other related field, supplemented by more than three (3) years' experience in economic development, business development or other related field. Equivalent combination of education and experience is also acceptable. Advanced education and experience will be beneficial to the position and is desired.

Benefits & Compensation:

- Full-time position with regular business hours and schedule flexibility.
- Competitive pay, within \$70,000-\$100,000 based on experience.
- Paid vacation and leave.
- Fast-paced, entrepreneurial, and innovative organizational culture.

Qualified applicants should complete the application provided below and submit a cover letter and resume to: info@pickawayprogress.com



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PICKAWAY COUNTY

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED IN THE ENTIRE APPLICATION FORM



POSITION SOUGHT: _____ Date: _____

NAME:

Last

First

Middle Initial

HOME ADDRESS:

CITY/STATE/ZIP:

COUNTY:

HOME PHONE:

CELL PHONE:

SOCIAL SECURITY NUMBER:

HOW DID YOU HEAR ABOUT THIS JOB OPENING?





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EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT EMPLOYER. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER:

(ENTER "NONE" IF UNEMPLOYED)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? YES _____ NO _____

ADDRESS:

PHONE NUMBER:

DATES EMPLOYED: FROM: _____ TO:

JOB TITLE:

SUPERVISOR'S NAME:

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR JOB DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:



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WHY DID YOU LEAVE?

PREVIOUS EMPLOYER:

ADDRESS:

PHONE NUMBER:

DATES EMPLOYED: FROM: _____ TO:

JOB TITLE:

SUPERVISOR'S NAME:

BEGINNING SALARY: _____ PER _____ END SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU LEAVE?

PREVIOUS EMPLOYER:

ADDRESS:



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PHONE NUMBER:

DATES EMPLOYED: FROM _____ TO

JOB TITLE:

SUPERVISOR'S NAME:

BEGINNING SALARY: _____ PER _____ END SALARY: _____ PER _____

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DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU LEAVE?

.....

PREVIOUS EMPLOYER:

ADDRESS:

PHONE NUMBER:

DATES EMPLOYED: FROM: _____ TO:

JOB TITLE:

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SUPERVISOR'S NAME:

BEGINNING SALARY: _____ PER _____ END SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU LEAVE?

PREVIOUS EMPLOYER:

ADDRESS:

PHONE NUMBER:

DATES EMPLOYED: FROM: _____ TO: _____

JOB TITLE:

SUPERVISOR'S NAME:

BEGINNING SALARY: _____ PER _____ END SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:



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WHY DID YOU LEAVE?

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EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO PROVIDE INFORMATION ABOUT THE EDUCATION AND TRAINING THAT YOU HAVE COMPLETED AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE AND ABILITIES YOU POSSESS TO PERFORM THE JOB DUTIES OF THIS POSITION.

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HIGH SCHOOL ATTENDED:

GRADUATION DATE:

POST SECONDARY EDUCATION

COLLEGE/UNIVERSITY:

ADDRESS:

DATES OF ATTENDANCE:

DEGREE:

.....

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC. THAT YOU POSSESS THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.



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PERSONAL INFORMATION

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AN EQUAL OPPORTUNITY EMPLOYER APPLICATION

DO YOU HAVE ANY COMMITMENTS (i.e. second job, school, etc.) WHICH MIGHT INTERFERE WITH OR ADVERSELY AFFECT YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES ____ NO ____

IF YES, PLEASE EXPLAIN:

(THE EMPLOYER WILL ONLY CONSIDER SPECIFIC CRIMES RELATED TO QUALIFICATIONS FOR THIS POSITION)

DO YOU POSSESS A VALID DRIVERS LICENSE? YES _____ NO _____

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES _____ NO _____

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES _____ NO _____

ARE YOU A RESIDENT OF PICKAWAY COUNTY? YES _____ NO _____

IF NOT, ARE YOU WILLING TO BECOME A RESIDENT UPON EMPLOYMENT? YES ____ NO _____

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME: _____ PHONE: _____



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ADDRESS: _____ PHONE: _____

NAME: _____ PHONE: _____

ADDRESS: _____ PHONE: _____

NAME: _____ PHONE: _____

ADDRESS: _____ PHONE: _____

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION

I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing a medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

If employed, I understand and accept that I may be required to work evenings, nights and/or weekend days.

Initials: _____

I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

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I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various enforcement and informational agencies that exchange information and data with the employer require that the employer’s employees do not have a past record of unlawful activities. Therefore, I understand and accept that it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF ANY EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.

Applicant’s Signature

Date

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EEO DATA: VOLUNTARY DISCLOSURE FORM

Regulations of the Equal Employment Opportunity Commission (EEOC) require employers to compile data regarding the nature and make-up of their work forces in order to further the goals of Title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the employer solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential, and will play no part in the employer’s evaluation of your employment performance or status, or your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

NAME: _____

AGE: _____

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SEX: _____

RACIAL AND ETHNIC CATEGORIES:

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaska Native

DO NOT WRITE BELOW THIS LINE

HIRED: _____ Yes ___ No ___ POSITION_

DEPT. _____
SALARY/WAGE _____

DATE REPORTING TO WORK _____ SHIFT _____