



Imlay City Downtown Development Authority
150 N. Main Street, Imlay City, MI 48444
810.724.2135 ph • 810.724.1861 fx • dwalker@imlaycity.org

January 18, 2019

The Imlay City Downtown Development Authority is now hiring a Summer Entertainment Coordinator who will be responsible for the management of the Summer Concert Series including marketing support.

The Entertainment Coordinator will serve as the primary contact for the Summer Concert Series and will manage all on-site activities before, during and after the performances. The Summer Entertainment Coordinator will also assist in preparing marketing material for the Summer Concert Series.

The Summer Concert Series will be held 7:00 p.m.- 8:30 p.m. every Tuesday from June 18 - August 20 except for Tuesday, July 2 and Tuesday, July 23 (no concert). **The Summer Entertainment Coordinator MUST be able to work every Tuesday of the Summer Concert Series' schedule from 5:30 p.m.-8:30 p.m.**

Additional hours may be required in order to assist with the planning, publicity and coordination of the Summer Concert Series.

Up to \$10 per hour dependent upon previous work experience. A complete job description is attached.

Interested individuals please send a Cover Letter, Resume and Application by Thursday, February 28, 2019 to:

Imlay City DDA
150 North Main Street
Imlay City, MI 48444
or
dwalker@imlaycity.org

For more information, please contact the DDA at 810-724-2135. Imlay City is an equal opportunity employer.

Sincerely,

Dana Walker

*Dedicated to restoring,
preserving and enhancing the
physical and economic vitality
of Downtown Imlay City.*

Board of Directors

Joi Kempf, Mayor

Walter Barga, Chairperson

*Kim Jorgensen, Vice
Chairperson*

Kelly Villanueva, Secretary

Stu Davis

Tracy Aldrich

Trish Dennis

Steven Teets

Samuel Galiana

Dana Walker

DDA Director

**IMLAY CITY
JOB DESCRIPTION**

SUMMER ENTERTAINMENT COORDINATOR

Supervised By: DDA Director
Supervises: No supervisory responsibility

Position Summary:

Under the supervision of the DDA Director, is responsible for the management of the Summer Concert Series including marketing support.

Essential Job Functions:

An employee in this position may be called upon to do any or all of the following essential functions. These examples do not include all of the duties which the employee may be expected to perform. To perform this job successfully, an individual must be able to perform each essential function satisfactorily.

1. Serves as the primary contact for the Summer Concert Series. Manages the on-site activities before, during and after the performances.
2. Maintains positive relations with vendors, performers, community organizations, and the general public. Responds to inquiries and provides general information to citizens regarding the Summer Concert Series.
3. Serves as a liaison between the public and the department. Provides general information regarding department operations and policies. Resolves issues independently and coordinates more complex issues with the department director or other staff as needed.
4. Provides standard administrative support for the DDA in regards to the Summer Concert Series. Prepares correspondences, records, documents, reports and other related information. Types, copies, enters data, schedules appointments, and completes other projects as assigned.
5. Assists in planning, publicity, coordination and implementation of the Summer Concert Series with the goal of attracting people to the Downtown.
6. Coordinates and manages the performance application process, screens applications, and assists with contracts.
7. May travel outside of the office/ concert venue to purchase event materials, pick up supplies, and complete other administrative errands.
8. Prepares the concert venue for performers/ attendees.
9. Ensures concert venue is clean and orderly upon completion of performance.
10. Performs other related work as required.

Required Knowledge, Skills, Abilities and Minimum Qualifications:

The requirements listed below are representative of the knowledge, skills, abilities and minimum qualifications necessary to perform the essential functions of the position. Reasonable accommodations may be made to enable individual with disabilities to perform the job.

- State of Michigan Vehicle Operator's License, a satisfactory driving record, and the ability to maintain one throughout employment.
- Knowledge of effective marketing, promotions, and public relations strategies and techniques.
- Excellent customer service skills, including responding diplomatically to community member or performer questions and complaints.
- Skill in the use of office equipment and technology, including computers and other related software, and the ability to master new technologies.
- Ability to maintain accurate records.
- Ability to communicate effectively and present ideas and concepts orally and in writing.
- Ability to establish effective working relationships and use good judgment, initiative and resourcefulness when dealing with employees, City officials, professional contacts, community leaders, the media, and the public.
- Ability to multi-task, problem-solve, and work effectively under stress, within deadlines and changes in work priorities.

Physical Demands and Work Environment:

The physical demands and work environment characteristics described here are representative of those an employee encounters while performing the essential duties of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing the duties of this job, the employee regularly works in an outdoor park setting and is expected to work during concert series hours. The employee may be required to exert moderate physical activity setting up for the concert series including standing or walking for long periods, lifting, kneeling, bending, and other related activities. The employee is occasionally exposed to adverse weather conditions and loud noises.

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status

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Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
Other special training or skills (languages, machine operation, etc.)			

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School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" in what Branch?
Describe any training received relevant to the position for which you are applying. _____ _____		

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

	Provide dates you attended school: Elementary From _____ To _____ High School From _____ To _____ College From _____ To _____ Other (give name and dates) _____	Number of dependents, including yourself _____ Are you a Vietnam veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Date of Marriage _____ Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	What was your previous address? _____ _____ _____	How long at present address? _____ Years How long at previous address? _____ Years	
	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" with what employers? _____	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age	
	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" describe in full _____		
	State names of relatives and friends working for us, other than your spouse _____		
WARNING: EMPLOYERS COVERED BY THE AMERICANS WITH DISABILITIES ACT ARE PROHIBITED FROM ASKING THESE QUESTIONS. The Act covers employers with more than 25 employees (15 employees as of 7/26/94).	Have you received Worker's Compensation or Disability Income payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe _____		
	Have you physical defects which preclude you from performing certain jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe limitation _____		
	Do you have any physical condition which might limit your ability to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" describe this condition and how you can perform the job in spite of it _____		
	Have you had a major illness in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please describe _____		

I waive my right to written notice from present or former employers whenever they disclose to you a letter of reprimand, disciplinary report or disciplinary action regarding me

I authorize the employer recipient of this application to both gather and keep records of my political activities, associations and communications of non-employment activities

Signature _____

Signature _____

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The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

TEST RESULTS	Tests Administered	Raw Score	Rating	Analysis and Comments

INTERVIEW RESULTS	Interviewer Name and Comments

SELECTFORM, INC. believes that the information solicited from the applicant which lies outside the special section on page 3 is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in this "Application for Employment" of any question which may violate Federal, State or local laws and users should consult their own counsel with respect to any legal questions concerning the use of this form.