



## Association Employment Application

### 4-Rivers USBC Association

Date: \_\_\_\_\_

**APPLICATION INFORMATION** – Please type or print clearly in black ink

Name (Last)	Name (First, Middle)
Street Address	Day Telephone (    )
City, State Zip	Evening Telephone (    )

**Email address**

Are there other names under which you have worked or attended school?  Yes  No  
If yes, please list for reference checking purposes.

If you are under 18 years of age, do you have a work permit?  Yes  No

*(Note: You may need to alter this question based on state law requirements.)*

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations?  Yes  No

If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not automatic bar from employment.)

Do you have any pending criminal charges against you?  Yes  No

If yes, describe 1) nature or crime, 2) date issued, and 3) county and state where issued.

Have you ever applied for this association before?

Yes  No

If yes, when:

Have you ever worked for this association before?

Yes  No

If yes, when:



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Date: \_\_\_\_\_

POSITION APPLYING FOR				
PT or FT Desired	Salary Preference	Hours Available	When can you start?	
How were you referred to this association? <input type="checkbox"/> Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> Other _____				
SPECIAL SKILLS				
1. Please describe processing speed, software knowledge, and office equipment experience.				
2. Please describe other office equipment experience.				
EDUCATION				
School	Name and Location	No. Years Attended	Major Subjects	Diploma or Degree Rec'd
High School	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
	_____			
College	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
	_____			
Graduate	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
	_____			
Other (specify)	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
	_____			
TRAINING COURSES-List any relevant academic honors, awards, scholarships, professional organizations, volunteer activities, certificates, publications, licenses, or any other information you consider significant and relevant to employment at this association:				
Course/Seminar	Organization Sponsoring	Content	Date(s) Attended	



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<b>EMPLOYMENT/ASSOCIATION HISTORY –List present or most recent employment and/or association positions first. Complete even if accompanied by a resume.</b>			
<b>Employer/Association</b>	Position Title		Start Date   End Date
Street Address		Salary	Hrs. per week
City, State Zip	Last Supervisor's Name	Employer/Association's Phone ( )	May we contact this employer/association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving
<b>Employer/Association</b>	Position Title		Start Date   End Date
Street Address		Salary	Hrs. per week
City, State Zip	Last Supervisor's Name	Employer/Association's Phone ( )	May we contact this employer/association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving
<b>Employer/Association</b>	Position Title		Start Date   End Date
Street Address		Salary	Hrs. per week
City, State Zip	Last Supervisor's Name	Employer/Association's Phone ( )	May we contact this employer/association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving
<b>Employer/Association</b>	Position Title		Start Date   End Date
Street Address		Salary	Hrs. per week
City, State Zip	Last Supervisor's Name	Employer/Association's Phone ( )	May we contact this employer/association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving



## **USBC Association Employment Application**

<b>REFERENCES-List three persons other than personal friends or relatives who have knowledge of your bowling background or education.</b>		
<b>Name</b>	<b>Mailing Address</b>	<b>Phone No. (Day)</b>

*Please Read Carefully Before Signing This Form*

1. All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am selected/hired.
2. I authorize this association to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my employment or me.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become selected/hired by this association, I recognize that this application is not and should not be considered a contract of employment. I understand that selection/employment at this association is on an at-will-basis and that my selection/employment may be terminated with or without cause, and without notice, at any time, at my option or the association's, unless specifically provided otherwise in a written selection/employment contract. I further understand that no association employee or representative has the authority to enter into a contract regarding duration or terms and conditions of selection/employment other than an officer or official of the association, and then only by means of a signed, written document.

Signed by Applicant \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your interest in our association.*