

IOWA STATE USBC BOWLING ASSOCIATION ASSOCIATION MANAGER APPLICATION

NAME OF APPLICANT _____ Local Ass'n _____

MAILING ADDRESS _____

CITY _____

STATE _____

ZIP+4 _____

Telephone: Cell _____ Other _____ **USBC #** _____

Are you under 18 years of age? Yes No

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 an automatic bar from employment.) _____

Are you Registered Volunteer Program (RVP) certified or can you obtain Registered Volunteer Program certification which includes a background check? Yes No NOTE: SafeSport training annually is required.

When can you start? _____ PT or FT desired? _____ Hours available: _____

Salary Preference: _____

SPECIAL SKILLS:

Please describe processing speed, software knowledge, office equipment and other office related experience.

EDUCATION:

School	Name and Location	No. Years Attended	Major Subjects	Diploma or Degree Rec'd
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____

EMPLOYMENT/ASSOCIATION HISTORY – List present or most recent employment and/or association positions first. Complete even if accompanied by a resume.

Employer Name _____ **Position Title** _____

Mailing Address _____

Employer's Phone # _____ May we contact this employer? Yes No

Start Date: _____ End Date: _____ Reason for leaving _____

Salary \$ _____ Hrs. per week _____ Last Supervisor's Name: _____

Describe Duties/Responsibilities: _____

Employer Name _____ **Position Title** _____

Mailing Address _____

Employer's Phone # _____ May we contact this employer? Yes No

Start Date: _____ End Date: _____ Reason for leaving _____

Salary \$ _____ Hrs. per week _____ Last Supervisor's Name: _____

Describe Duties/Responsibilities: _____

Employer Name _____ **Position Title** _____
Mailing Address _____
Employer's Phone # _____ **May we contact this employer?** Yes No
Start Date: _____ **End Date:** _____ **Reason for leaving** _____
Salary \$ _____ **Hrs. per week** _____ **Last Supervisor's Name:** _____
Describe Duties/Responsibilities: _____

OTHER - List any relevant academic honors, awards, scholarships, professional organization, volunteer activities, certificates, publications, licenses, or any other information you consider significant and relevant to employment at this association (Training courses/seminars; sponsoring organization; content; date(s) attended): _____

Other bowling related activities and/or honors: _____

ASSOCIATION HISTORY – List present or most recent association positions first. Complete even if accompanied by a resume. If needed, attach a separate sheet listing present and previous state and local association related services.

Association Name _____ **Position Title** _____
Mailing Address _____
Association's Phone # _____ **May we contact this association?** Yes No
Start Date: _____ **End Date:** _____ **Reason for leaving** _____
Describe Duties/Responsibilities: _____

Association Name _____ **Position Title** _____
Mailing Address _____
Association's Phone # _____ **May we contact this association?** Yes No
Start Date: _____ **End Date:** _____ **Reason for leaving** _____
Describe Duties/Responsibilities: _____

Association Name _____ **Position Title** _____
Mailing Address _____
Association's Phone # _____ **May we contact this association?** Yes No
Start Date: _____ **End Date:** _____ **Reason for leaving** _____
Describe Duties/Responsibilities: _____

REFERENCES – List three persons other than friends or relatives who have knowledge of your bowling background or education.

Name	Mailing Address	Phone No. (Day)
1)		
2)		
3)		

Do you have facilities (needed space) in your home to establish as an office, and storage space for all of the association properties and items needed to handle this position?

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 misrepresentation 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 knowing 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, it is a requirement of the position to complete the RVP (Registered Volunteer Program) screening. Also, a physical examination and drug screen 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 election/employment other than an officer or official of the association, and the only by means of a signed, written document.

Applicant Signature: _____

Date: _____

Thank you for your interest in our association.

