



OHIO STATE USBC ASSOCIATION EMPLOYMENT APPLICATION

Date:	Position for which you are applying: ASSOCIATION MANAGER	
Name (Last)	(First)	(Middle)
Street Address	Home Phone	
City	Cell Phone	
State, ZIP	Email address	

Are there other names under which you have worked or attended school? () Yes () No
If yes, please list.

Have you ever been convicted of a felony? () Yes () No
If yes, please explain: 1) Nature of crime; 2) Date convicted. (Convictions are not an automatic bar from employment.)

SPECIAL SKILLS AND EXPERIENCE

Describe your software knowledge, office experience and other managerial skill(s) applicable:

Indicate all areas in which you have experience:

<input type="checkbox"/> Accounting / Audits	<input type="checkbox"/> Graphic Design / Art Work	<input type="checkbox"/> Recruiting
<input type="checkbox"/> Advertising	<input type="checkbox"/> Lane Inspections	<input type="checkbox"/> Scholarships
<input type="checkbox"/> Arbitration	<input type="checkbox"/> Lane Representative	<input type="checkbox"/> Senior Bowling
<input type="checkbox"/> Awards	<input type="checkbox"/> Marketing	<input type="checkbox"/> Special Programs
<input type="checkbox"/> BVL	<input type="checkbox"/> Negotiations	<input type="checkbox"/> Tournaments
<input type="checkbox"/> Charities	<input type="checkbox"/> Newsletters	<input type="checkbox"/> Web Sites
<input type="checkbox"/> Coaching	<input type="checkbox"/> Promotions	<input type="checkbox"/> Youth Bowling
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Public Relations (Press / Media / Social Media)	

Have you applied at this Association before? If so, when?
() Yes () No Date: _____

Are you currently enrolled in the USBC Registered Volunteer Program?
() Yes () No (This is a requirement for employment.)

EDUCATION

School	Name and Location	# Years attended / Major Subjects	Diploma or Degree Received
High			() Yes
			() No
College			() Yes
			() No
Graduate			() Yes
			() No
Other (Specify)			() Yes
			() No

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

EMPLOYMENT / ASSOCIATION HISTORY

List present or most recent employment and/or Associations positions first. Complete even if accompanied by resume.

Employer / Association	Position / Title	Hours per week
Street Address	Start Date	End Date
City, State, Zip	Supervisor	Phone
Duties / Responsibilities	Reason for leaving	May we contact this employer? () Yes () No

Employer / Association	Position / Title	Hours per week
Street Address	Start Date	End Date
City, State, Zip	Supervisor	Phone
Duties / Responsibilities	Reason for leaving	May we contact this employer? () Yes () No

EMPLOYMENT / ASSOCIATION HISTORY CONTINUED

Employer / Association	Position / Title	Hours per week
Street Address	Start Date	End Date
City, State, Zip	Supervisor	Phone
Duties / Responsibilities	Reason for leaving	May we contact this employer?

Employer / Association	Position / Title	Hours per week
Street Address	Start Date	End Date
City, State, Zip	Supervisor	Phone
Duties / Responsibilities	Reason for leaving	May we contact this employer?

REFERENCES

List three people who have knowledge of your bowling background, skills, and/or education.

Name	Address	Phone number (day)

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 hired.
2. I authorize the 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, I will be notified.)
4. Regardless of whether or not I become employed by this Association, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at this Association is on an at-will basis and my 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 contract. I further understand no Association employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the Association, and then only by means of a signed, written document.

Applicant's Signature: _____

Date: _____

PLEASE RETURN COMPLETED AND SIGNED FORM TO:

**Ruth Heath-Trott
PO Box 456
Montpelier, OH 43543**

DEADLINE FOR RETURNING FORM - APRIL 15