

San Diego USBC Association

Application for Association Manager Board (unpaid position, select one below)
 Director President 1st VP 2nd VP Sgt-At-Arms

Return to *USBC San Diego Association, Attn: Bill Bourbonnais, Nominating Committee Chairman,*
4400 Palm Avenue, Suite B, La Mesa, CA 91941
Deadline for applications is close of business February 18, 2006.

APPLICANT INFORMATION – Please type or print clearly in black ink.

Name (Last)		Name (First, Middle)	
Street Address		Day Phone	
City, State, Zip Code		Evening Phone	
Social Security Number	USBC Member Number	Cell Phone	
Home Email Address		Work Email Address	

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

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

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

Have you ever applied for or were ever employed by a bowling association? Yes No
If yes, list name(s) of association(s) _____ When? _____

How were you referred to the Association Manager or Board Member position for USBC San Diego?
 Posted Notice Board Member Newspaper Friend/Relative Other

If applying for a Board position, how many hours per month are you able to commit to working in the office? _____

OFFICE SKILLS - Please indicate your usage patterns of the following equipment, software and hardware.

Computer usage	<input type="checkbox"/> Every day	<input type="checkbox"/> Once a week	<input type="checkbox"/> Seldom	<input type="checkbox"/> No experience
Excel spreadsheets	<input type="checkbox"/> Every day	<input type="checkbox"/> Once a week	<input type="checkbox"/> Seldom	<input type="checkbox"/> No experience
Word documents	<input type="checkbox"/> Every day	<input type="checkbox"/> Once a week	<input type="checkbox"/> Seldom	<input type="checkbox"/> No experience
WinLabs	<input type="checkbox"/> Every day	<input type="checkbox"/> Once a week	<input type="checkbox"/> Seldom	<input type="checkbox"/> No experience
Copier	<input type="checkbox"/> Every day	<input type="checkbox"/> Once a week	<input type="checkbox"/> Seldom	<input type="checkbox"/> No experience
Scanner	<input type="checkbox"/> Every day	<input type="checkbox"/> Once a week	<input type="checkbox"/> Seldom	<input type="checkbox"/> No experience
Email	<input type="checkbox"/> Every day	<input type="checkbox"/> Once a week	<input type="checkbox"/> Seldom	<input type="checkbox"/> No experience

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

EDUCATION

School	Name/ Location	# Yrs	Major	Diploma or Degree
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAINING COURSES - List recent courses within the last 5 years, provide proof of attendance.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

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

Employer/Association	Position/Office Title	Start Date	End Date
Street Address	Salary	Hrs/wk	
City, State, Zip	Last Supervisor's Name	Telephone	Ok to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities		Reason for Leaving	

Employer/Association	Position/Office Title	Start Date	End Date
Street Address	Salary	Hrs/wk	
City, State, Zip	Last Supervisor's Name	Telephone	Ok to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities		Reason for Leaving	

Employer/Association	Position/Office Title	Start Date	End Date
Street Address	Salary	Hrs/wk	
City, State, Zip	Last Supervisor's Name	Telephone	Ok to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities		Reason for Leaving	

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

Name	Mailing Address	Daytime Phone Number

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 removal from office (which ever is applicable).
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.)* By signing this application you are consenting to a background check.
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 that 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 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 employment other than an officer or official of the association, and then only by means of a signed, written document.
5. This application will be reviewed and evaluated by the Nominating Committee.

Applicant Signature

Date

Thank you for your interest in the San Diego USBC Association.

