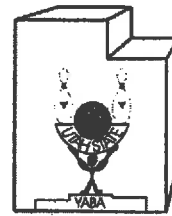


Employment Application for Association Manager  
 Utah State USBC Youth Association  
 Association Name: Utah State USBC Youth Association  
 Date: \_\_\_\_\_



**APPLICATION INFORMATION-Please type or print clearly in black ink**  
 Name (Last) \_\_\_\_\_ Name (First, Middle) \_\_\_\_\_

Street Address \_\_\_\_\_ Day Telephone \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_ Evening Telephone \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 Email Address \_\_\_\_\_

If you are under 18 year of ages, do you have a work permit? \_\_\_\_ 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  
 Have you completed the background check for the RVP (Registered Volunteer Program)?  
 \_\_\_\_ Yes \_\_\_\_ No. If your answer is NO, are you willing to complete the RVP process?

**POSITION APPLYING FOR:** Utah State USBC Youth Association Manager

**SPECIAL SKILLS:**

1. Please describe processing speed, software knowledge, and office equipment 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<br>Type: _____ |
|                 | _____             |                    |                |   |
| College         | _____             | _____              | _____          | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Type: _____ |
|                 | _____             |                    |                |   |
| Graduate        | _____             | _____              | _____          | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Type: _____ |
|                 | _____             |                    |                |   |
| Other (specify) | _____             | _____              | _____          | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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 |
|----------------|-------------------------|---------|------------------|
|                |                         |         |                  |
|                |                         |         |                  |
|                |                         |         |                  |
|                |                         |         |                  |



| EMPLOYMENT /ASSOCIATION HISTORY-List present or most recent employment and/or association positions<br>*first. Complete even if accompanied by a resume. |                        |                                  |   |
|--|------------------------|----------------------------------|---|
| Employer/Association   | Position Title         | Start Date                       | End Date  |
| Street Address   |                        |                                  | Hrs. per week   |
| City State, Zip  | Last Supervisor's Name | Employer/Association's Phone ( ) | May we contact this employer/association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Duties/Responsibilities:  |                        |                                  | Reason for Leaving  |
| Employer/Association   | Position Title         | Start Date                       | End Date  |
| Street Address   |                        |                                  | Hrs. per week   |
| City State, Zip  | Last Supervisor's Name | Employer/Association's Phone ( ) | May we contact this employer/association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Duties/Responsibilities:  |                        |                                  | Reason for Leaving  |
| Employer/Association   | Position Title         | Start Date                       | End Date  |
| Street Address   |                        |                                  | Hrs. per week   |
| City State, Zip  | Last Supervisor's Name | Employer/Association's Phone ( ) | May we contact this employer/association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Duties/Responsibilities:  |                        |                                  | Reason for Leaving  |
| Employer/Association   | Position Title         | Start Date                       | End Date  |
| Street Address   |                        |                                  | Hrs. per week   |
| City State, Zip  | Last Supervisor's Name | Employer/Association's Phone ( ) | May we contact this employer/association?<br><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 | Phone No. (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 misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am 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 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.

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

*Thank you for your interest in our association.*