

**INDIANA STATE USBC  
ASSOCIATION MANAGER  
POSITION APPLICATION**

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

APPLICANT INFORMATION-Please type or print clearly in black ink

Name (Last)

Name (First, Middle)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Social Security No.

Day Telephone:

Evening Telephone:

\_\_\_\_\_  
( )

\_\_\_\_\_  
( )

If you are under 18 years of age, 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

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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any pending criminal charges against you? . Yes . No  
 If yes, describe 1) nature of crime, 2) date issued, and 3) county and state where issued.

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Have you ever applied at this association before? Yes . No  
 If yes, when: \_\_\_\_\_

Have you ever worked at this association before? (includes IBA) Yes . No  
 If yes, when: \_\_\_\_\_

How were you referred to this association? (circle)  
 . Agency . Walk-in . Friend/Relative . Website . School . Other \_\_\_\_\_

**SPECIAL SKILLS**

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

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2. Please describe other office equipment experience.

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**EDUCATION**

School	Name & Location	Years Attended	Major Subject	Degree/ Diploma
High				
College				
Graduate				
Other Specify				

**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

Course/Seminar	Sponsoring Organization	Contents	Dates Attended

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

Employer/Association	Position Title	Start Date	End Date
Street Address	Salary	Hrs Per	Week
City, State Zip	Last Supervisor	Phone	May we Contact
Describe Duties	Reason	Left	

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City, State Zip	Last Supervisor	Phone	May we Contact
Describe Duties	Reason	Left	

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

Name	Mailing Address	Telephone (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.

Send resumes to

Kerry Caine  
309 Victory Ave  
Greenwood Indiana 46142  
317-440-9700  
kerrycaine@aol.com

Indiana State USBC President

Must be postmarked or emailed by June 1, 2018

Meeting will be held on June 24, 2018 in Indianapolis, Indiana at the Crowne Plaza.