# San Francisco USBC Association

## Application for Association Manager

Return to **SFUSBC Association 363 El Camino Real #265, So. San Francisco 94080**

**APPLICANT INFORMATION** - Please type or print clearly

| Name (Last) | Name (First, Middle) |
|---|---|
| Street Address | Day Telephone |
| City, State, Zip Code | Evening Telephone |
| | Cell Phone |

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

Are you under 21 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).

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

| Have you ever applied for a position for SFUSBC | Have you ever worked for SFUSBC |
|---|---|
| ☐ Yes ☐ No If yes, when: | ☐ Yes ☐ No If yes, when: |

How were you referred to this opportunity for a position as Association Manager for SFUSBC?

☐ Posted notice ☐ Board Member ☐ Newspaper ☐ Friend/Relative ☐ Other_____

**SPECIAL SKILLS**

1. Please indicate your usage patterns of the following equipment, software and hardware.

| | | | | |
|---|---|---|---|---|
| Computer usage | ☐ Every day | ☐ Once week | ☐ Seldom | ☐ No experience |
| Excel spreadsheets | ☐ Every day | ☐ Once week | ☐ Seldom | ☐ No experience |
| Word documents | ☐ Every day | ☐ Once week | ☐ Seldom | ☐ No experience |
| WinLabs | ☐ Every day | ☐ Once week | ☐ Seldom | ☐ No experience |
| Copier | ☐ Every day | ☐ Once week | ☐ Seldom | ☐ No experience |
| Scanner | ☐ Every day | ☐ Once week | ☐ Seldom | ☐ No experience |
| Email | ☐ Every day | ☐ Once week | ☐ Seldom | ☐ No experience |

2. Please describe other office equipment, software and hardware that you have experience with.

# San Francisco USBC Association

## Application for Association Manager

Return to **SFUSBC Association 363 El Camino Real #265, So. San Francisco 94080**

**EDUCATION**

| School | Name and Location | # Years | Major Subjects | Diploma or Degree |
|---|---|---|---|---|
| High | | | | ☐ Yes ☐ No |
| College | | | | ☐ Yes ☐ No |
| Graduate | | | | ☐ Yes ☐ No |
| Other (specify) | | | | ☐ Yes ☐ 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 Title | | Start Date | End Date |
| Street Address | | | Hrs. per week | |
| City, State, Zip | Last Supervisor's Name | Telephone | OK to contact ☐ Yes ☐ 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 | Telephone | OK to contact ☐ Yes ☐ 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 | Telephone | OK to contact ☐ Yes ☐ No | |
| Describe Duties/Responsibilities | | Reason for Leaving | | |

# San Francisco USBC Association

## Application for Association Manager

Return to **SFUSBC Association 363 El Camino Real #265, So. San Francisco 94080**

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

| Name | Mailing Address | Phone No. (Day) |
|---|---|---|
| | | |
| | | |
| | | |

**BOWLING HISTORY-**List most recent history within the last 5 years.

| League | Bowling Center | Year(s) | Sanctioned League ☐ Yes ☐ No | League office held |
|---|---|---|---|---|
| League | Bowling Center | Year(s) | Sanctioned League ☐ Yes ☐ No | League office held |
| League | Bowling Center | Year(s) | Sanctioned League ☐ Yes ☐ No | League office held |
| League | Bowling Center | Year(s) | Sanctioned League ☐ Yes ☐ No | League office held |
| League | Bowling Center | Year(s) | Sanctioned League ☐ Yes ☐ No | League office held |

**BOWLING ASSOCIATION HISTORY-**List most recent history within the last 5 years.

| Association | Location | Committee | Year(s) | Officer/Director | Year(s) |
|---|---|---|---|---|---|
| Association | Location | Committee | Year(s) | Officer/Director | Year(s) |
| Association | Location | Committee | Year(s) | Officer/Director | Year(s) |

***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 if retained and/or cause for subsequent dismissal if I am selected.

2. I authorize this association to investigate my responses on this application and contact any or all of my former employers, clients, or any individuals familiar with me or my working 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 background unless directed otherwise herein. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my employment and client background.

3. I understand that upon receiving an offer from SFUSBC Association, a physical examination and drug screening may be required. (Note: If this is a requirement, you will be notified)

4. Regardless of whether or not I am retained by this association, I recognize that this application is not and should not be considered a contract for this position. I understand that being retained by this association is on an at-will basis and that my being retained may be terminated with or without cause, and with a seven (7) day written notice at my option or the SFUSBC Association, unless specifically provided otherwise in a written contract between myself and SFUSBC Association. I further understand that no association employee or representative has the authority to enter a contract regarding duration or terms and conditions other than by Board Action by the SFUSBC Association and then only by means of a signed, written document.

Signed by Applicant:_____ Date:_____