

Association Manager Employment Application Morris County NJ USBC

Date: _____

APPLICATION INFORMATION - Please type or print clearly in black or blue ink			
Name (Last)	Name (First)		
Street Address	Day Telephone		
City, State, Zip	Evening Telephone		
Email Address			
Are there other names under which you have worked or attended school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list names.			
Minimum age of 18 is required. Please confirm Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a crime or pleaded no content for any offense or violation other than minor traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not automatic bar from employment.)			
Do you have any pending criminal charges against you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe 1) nature of crime, 2) date issues, and 3) county and state where issued.			
Have you ever applied to this Association before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, when?	Have you ever worked for this association before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, when?		
POSITION APPLYING FOR:			
PT or FT Desired	Salary Preference	Days and Hours Available	When can you start?
How were you referred to this Association? <input type="checkbox"/> Email <input type="checkbox"/> Website <input type="checkbox"/> Bowling League <input type="checkbox"/> Other _____			

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SPECIAL SKILLS

1. Please describe processing speed, software knowledge (Microsoft suite), and office equipment experience.

2. Do you have experience with or knowledge of Win-Labs (USBC member/awards processing software)?

3. Please describe any other office or equipment experience.

EDUCATION

School	Name and Location	# Years attended	Major Subjects	Diploma or Degree
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Type: _____
College				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Type: _____
Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>
				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 first. Complete even if accompanied by a resume.

Employer/Association	Position Title	Start Date	End Date
Street Address		Salary	Hours per Week
City, State, Zip	Last Supervisor's Name	Employer/Association Phone:	May we contact this employer/association Yes <input type="checkbox"/> No <input type="checkbox"/>

Describe Duties and Responsibilities	Reason for Leaving

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Employer/Association	Position Title	Start Date	End Date
Street Address		Salary	Hours per Week
City, State, Zip	Last Supervisor's Name	Employer/Association Phone:	May we contact this employer/association Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe Duties and Responsibilities			Reason for Leaving
Employer/Association	Position Title	Start Date	End Date
Street Address		Salary	Hours per Week
City, State, Zip	Last Supervisor's Name	Employer/Association Phone:	May we contact this employer/association Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe Duties and Responsibilities			Reason for Leaving
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Street Address		Salary	Hours per Week
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Describe Duties and Responsibilities			Reason for Leaving
Employer/Association	Position Title	Start Date	End Date
Street Address		Salary	Hours per Week
City, State, Zip	Last Supervisor's Name	Employer/Association Phone:	May we contact this employer/association Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe Duties and Responsibilities			Reason for Leaving
Comments/Additional Information			

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

Name	Mailing Address	Phone No. (Day/Evening)

Please use the back of this form or separate sheet of paper for any additional information you may wish to include.

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 selected/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 selected/hired by this association, I recognize that this application is not and should not be considered a contract of employment. I understand that selection/employment at this asso- ciation is on an at-will-basis and that my selection/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 selection/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 selection/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

Application must be emailed or postmarked by May 26, 2018 to:

**Evonte A. Dickerson, Sr
43 Crystal Street, Apt 6
East Stroudsburg, PA 18301
Email: Elderdickerson@yahoo.com**