

EMPLOYMENT APPLICATION FOR ASSOCIATION MANAGER

APPLICANT INFORMATION - PLEASE TYPE OR PRINT CLEARLY			
NAME (FIRST, MI, LAST)			
STREET, ADDRESS, CITY, ZIP			
DAY TELEPHONE		ALTERNATE TELEPHONE	
E-MAIL ADDRESS			
ARE YOU AT LEAST 18 YEARS OF AGE?		SOCIAL SECURITY No.	
HIGHEST EDUCATION LEVEL ATTAINED?			

<p>ARE THERE OTHER NAMES UNDER WHICH YOU WORKED OR ATTENDED SCHOOL? IF YES, PLEASE LIST FOR REFERENCE CHECKING PURPOSES.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>HAVE YOU EVER BEEN CONVICTED OF A CRIME OR PLEADED NO CONTEST FOR ANY OFFENSE OR VIOLATION OTHER THAN MINOR TRAFFIC VIOLATIONS?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>IF YES, EXPLAIN</p> <p style="margin-left: 20px;">1) NATURE OF CRIME</p> <p style="margin-left: 20px;">2) DATE OF CONVICTION</p> <p style="margin-left: 20px;">3) STATE IN WHICH CONVICTED.</p> <p style="text-align: center; margin-left: 40px;">(CONVICTIONS ARE NOT AN AUTOMATIC BAR FROM EMPLOYMENT.)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>DO YOU HAVE ANY PENDING CRIMINAL CHARGES AGAINST YOU?</p> <p>IF YES, DESCRIBE</p> <p style="margin-left: 20px;">1) NATURE OF CRIME,</p> <p style="margin-left: 20px;">2) DATE ISSUES</p> <p style="margin-left: 20px;">3) COUNTY AND STATE WHERE ISSUED</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date: _____

POSITION APPLYING FOR

How were you referred to this association?

Agency
 Walk-In
 Friend/Relative
 Newspaper
 Other

SPECIAL SKILLS

PLEASE DESCRIBE PROCESSING SPEED, SOFTWARE KNOWLEDGE, AND OFFICE EQUIPMENT EXPERIENCE.

PLEASE DESCRIBE OTHER OFFICE EQUIPMENT EXPERIENCE.

EDUCATION

SCHOOL	NAME AND LOCATION	NO YEARS ATTENDED	MAJOR SUBJECTS	DIPLOMA OR DEGREE RECEIVED
HIGH				<input type="checkbox"/> Yes <input type="checkbox"/> No
				TYPE
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No
				TYPE
GRADUATE				<input type="checkbox"/> Yes <input type="checkbox"/> No
				TYPE
OTHER (SPECIFY)				<input type="checkbox"/> Yes <input type="checkbox"/> No
				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	HRS PER WEEK	
CITY, STATE, ZIP	LAST SUPERVISOR NAME	EMPLOYER/ASSOCIATION'S PHONE		MAY WE CONTACT THIS EMPLOYER/ASSOCIATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DESCRIBE DUTIES/RESPONSIBILITIES:				REASON FOR LEAVING	
EMPLOYER/ASSOCIATION		POSITION TITLE		START DATE	END DATE
STREET ADDRESS			SALARY	HRS PER WEEK	
CITY, STATE, ZIP	LAST SUPERVISOR NAME	EMPLOYER/ASSOCIATION'S PHONE		MAY WE CONTACT THIS EMPLOYER/ASSOCIATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DESCRIBE DUTIES/RESPONSIBILITIES:				REASON FOR LEAVING	
EMPLOYER/ASSOCIATION		POSITION TITLE		START DATE	END DATE
STREET ADDRESS			SALARY	HRS PER WEEK	
CITY, STATE, ZIP	LAST SUPERVISOR NAME	EMPLOYER/ASSOCIATION'S PHONE		MAY WE CONTACT THIS EMPLOYER/ASSOCIATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DESCRIBE DUTIES/RESPONSIBILITIES:				REASON FOR LEAVING	
EMPLOYER/ASSOCIATION		POSITION TITLE		START DATE	END DATE
STREET ADDRESS			SALARY	HRS PER WEEK	
CITY, STATE, ZIP	LAST SUPERVISOR NAME	EMPLOYER/ASSOCIATION'S PHONE		MAY WE CONTACT THIS EMPLOYER/ASSOCIATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DESCRIBE DUTIES/RESPONSIBILITIES:				REASON FOR LEAVING	

REFERENCES - LIST THREE PERSONS OTHER THAN PERSONAL FRIENDS AND 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 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 association 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 unless specifically provided otherwise in a written selection/employment contact. I further understand that no association employee or representative has the authority to enter into a contact 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.