

CENTRL SOLANO USBC

APPLICATION FOR MANAGER

**APPLICANT INFORMATION – Please type or print clearly in black ink**

NAME: \_\_\_\_\_  
(Last) (First, Middle Initial)

ADDRESS: \_\_\_\_\_  
(Street) (City, State, Zip Code)

TELEPHONE: \_\_\_\_\_  
(Day Telephone) (Evening Telephone)

Cell Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you had any previous association expertise? Explain - \_\_\_\_\_  
\_\_\_\_\_

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

Are you still active in any association? If not, why: \_\_\_\_\_  
\_\_\_\_\_

What level of education did you complete? \_\_\_\_\_

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.  
\_\_\_\_\_  
\_\_\_\_\_

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

NAME	MAILING ADDRESS	PHONE NUMBER
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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 of 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. 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: \_\_\_\_\_

**PLEASE ATTACH A RESUME**

THANK YOU FOR YOUR INTEREST IN OUR ASSOCIATION