

Association Employment Application

Great Salt Lake Bowling Association

Date: _____



APPLICATION INFORMATION – Please type or print clearly in black ink

Name (Last)	Name (First, Middle)
Street Address	Day Telephone ()
City, State Zip	Evening Telephone ()
Email address	

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

If you are under 18 years of age, do you have a work permit? Yes No

(Note: You may need to alter this question based on state law requirements.)

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 automatic bar from employment.)

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

Have you ever applied for this association before?
Yes No
If yes, when:

Have you ever worked for this association before?
Yes No
If yes, when

POSITION APPLYING FOR

PT or FT Desired	Salary Preference	Hours Available	When can you start?
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How were you referred to this association?
 Agency Walk-in Friend/Relative Newspaper School Other _____

SPECIAL SKILLS

1. Please describe software knowledge, and office equipment experience including bowling and accounting software.

2. Please describe other office equipment experience.

EDUCATION

School	Name and Location	No. Years Attended	Major Subjects	Diploma or Degree Rec'd
High School				<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's 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's 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's 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's 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's 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 or 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'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.