



# EMPLOYMENT APPLICATION

## **Greater Toledo USBC Association**

5062 Dorr Street Toledo, Ohio 43615  
 Phone ; 419.537.0523 Fax ; 419.536.2007

Date \_\_\_\_\_

**Use for Hired/Selected Positions Only**

<b>APPLICANT INFORMATION – Please type or print clearly in black ink</b>	
Name (last)	Name (First, Middle)
Street address	Day Telephone
City, State, Zip	Evening Telephone
Social Security No.	
Are there any 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 _____	
Have you ever been convicted of a crime or pled no contest to any offense or violation other than minor traffic violations? Yes _____ No _____ If yes, please 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.	
Have you ever applied at this association before? Yes _____ No _____ If yes, when:	Have you ever worked at this association before? Yes _____ No _____ If yes, when:



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**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 processing speed, software knowledge, and office equipment experience.

2. Please describe other office equipment experience.

**EDUCATION**

School	Name and Location	Yrs attended	Major subjects	Diploma or Degree
High				Yes _____ No _____
College				Yes ___ No ___ Type:
Other (Specify)				Yes ___ No ___ Type:

**TRAINING COURSES – List any relevant academic honors, awards, scholarships, professional organization, volunteer activities, certificates, publications, licenses, or any other information you may 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 Sate. 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 Sate. Zip	Last Supervisor's Name	Employer/Association's Phone ( )	May we contact this employer/association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer/Association	Position Title	Start Date	End Date
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City Sate. 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	

Use this space for additional comments if necessary.

# Employment Application

**REFERENCES-List** three persons other than 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 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 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:** \_\_\_\_\_

*Thank you for your Interest In our association.*

*Denny Nealand, President*