

EMPLOYMENT APPLICATION

SouthEastern Ohio United States Bowling Association
2026 Lake Rd. SE
Lancaster, Ohio 43130

Date: _____

APPLICANT INFORMATION - Please type or print clearly in black ink

Name (Last)				(First)		(Middle)	
Street Address				Day Telephone			
City, State, Zip Code				Evening Telephone			
Social Security Number							
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							
Have you ever been convicted of a crime or pleaded no contest for an offense or violation other than minor traffic violations? ☐ Yes ☐ No If yes, explain 1) Nature of crime. 2) Date of conviction. 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, 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:			
POSITION APPLYING FOR							
PT or FT Desired		Salary Preference		Hours Available		When can you start?	
How were you referred to this Association? ☐ Agency ☐ Walk -In ☐ Friend/Relative ☐ Newspaper ☐ School ☐ Other							

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SPECIAL SKILLS AND INTERESTS

Describe your processing speed, software knowledge, office equipment experience, and other managerial skill applicable.

Mark all areas in which you have experience.

- | | | |
|--|---|---|
| ☐ Accounting/Audits | ☐ Graphic Design/Art Work | ☐ Recruiting |
| ☐ Advertising | ☐ Lane Inspection | ☐ Scholarships |
| ☐ Arbitration | ☐ Lane Representative | ☐ Senior Bowling |
| ☐ Awards | ☐ Marketing | ☐ Special Programs |
| ☐ BVL | ☐ Negotiations | ☐ Tournaments |
| ☐ Charities | ☐ Newsletter | ☐ Web Site |
| ☐ Coaching | ☐ Promotions | ☐ Youth Bowling |
| ☐ Event Planning | ☐ Public Relations (Press/Media) | |

EDUCATION

School	Name and Location	No. Yrs. Attended	Major Subjects	Diploma or Degree Received
High				☐ Yes
				☐ No
College				☐ Yes
				☐ No Type:
Graduate				☐ Yes
				☐ No Type:
Other (Specify)				☐ Yes
				☐ 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

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EMPLOYMENT/ASSOCIATION HISTORY - List present or most recent employment and/or Association positions first. Complete even if accompanied by resume.

Employer/Association	Position Title	Start Date	End Date
Street Address	Salary	Hrs. per week	
City, State, Zip Code	Supervisor	Employer/Assoc.'s Phone ()	May we contact this Employer/Assoc.? Yes No
Describe Duties/Responsibilities		Reason for leaving	

Employer/Association	Position Title	Start Date	End Date
Street Address	Salary	Hrs. per week	
City, State, Zip Code	Supervisor	Employer/Assoc.'s Phone ()	May we contact this Employer/Assoc.? Yes No
Describe Duties/Responsibilities		Reason for leaving	

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Street Address	Salary	Hrs. per week	
City, State, Zip Code	Supervisor	Employer/Assoc.'s Phone ()	May we contact this Employer/Assoc.? Yes No
Describe Duties/Responsibilities		Reason for leaving	

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Street Address	Salary	Hrs. per week	
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Describe Duties/Responsibilities		Reason for leaving	

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

Name	Mailing Address	Phone # (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 misrepresentation or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the 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, I 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 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: _____