

GREAT SALT LAKE USBC ASSOCIATION
Application for
ASSOCIATION ASSISTANT MANAGER - CERTIFICATION

Name: _____ Phone: _____ Cell: _____
Day: _____
Evening: _____
Address: _____ City: _____ Zip: _____

This is a part time position.

Salary to be determined.

Need to be available for an evening interview during the week or Saturday morning. What day would be best for you? _____

Are you a USBC Member? _____

How long have you been bowling? _____

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: _____

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 _____

List position(s) held, such as: league officer, involvement with a local, state or national association. _____

What skills can you offer to this board? (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: _____

(If more room is needed, please use the back of this form or another piece of paper.)

REFERENCES: List three persons who have knowledge of your bowling background or education.

NAME	MAILING ADDRESS	PHONE/CELL NUMBERS
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1.	_____	_____
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2.	_____	_____
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3.	_____	_____
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PLEASE READ AND SIGN THE BACK OF THIS FORM:

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. 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.

RETURN THIS FORM TO:

**Michael Sorich
10573 S. North Forty Way
South Jordan, Ut. 84095**

**BY:
January 13, 2006**