

ASSOCIATION MANAGER APPLICATION FOR CLEVELAND OHIO USBC

Applications must be submitted to:

Cleveland Ohio USBC Association

Attn: Tom Stumpf
14950 Snow Road, Suite 100
Brook Park, Ohio 44142

APPLICATION INFORMATION – Please type or print clearly (Use additional paper if needed)

Name (Last, First, Middle)

Street Address

City, State, Zip Code

Daytime Telephone

Evening Telephone

Cell Telephone

e-mail address:

Are you under 18 years of age? Yes or No Do you have a work permit? Yes or NO

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes or 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 consideration)

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

Have you ever been suspended from ABC or WIBC or YABA or USBC? Yes or No If yes please explain.

EDUCATION

High School name and location: Number of years attended: Major subjects: Diploma or degree received: Yes or No

College name and location: Number of years attended: Major subjects: Diploma or degree received: Yes or No

Graduate name and location: Number of years attended: Major subjects: Diploma or degree received: Yes or No

OTHER RELEVANT TRAINING COURSES

Course/Seminar	Sponsoring Organization	Content	Date(s) Attended

EMPLOYMENT / ASSOCIATION HISTORY	
Employer / Association:	
Position Title:	
Address:	
City, State, Zip:	
Phone Number:	Last Supervisor's Name:
Duties:	
Dates of employment from _____ to _____	
Reason for leaving:	
May we contact this employer/association? Yes or No	

Employer / Association:	
Position Title:	
Address:	
City, State, Zip:	
Phone Number:	Last Supervisor's Name:
Duties:	
Dates of employment from _____ to _____	
Reason for leaving:	
May we contact this employer/association? Yes or No	

Employer / Association:	
Position Title:	
Address:	
City, State, Zip:	
Phone Number:	Last Supervisor's Name:
Duties:	
Dates of employment from _____ to _____	
Reason for leaving:	
May we contact this employer/association? Yes or No	

Employer / Association:	
Position Title:	
Address:	
City, State, Zip:	
Phone Number:	Last Supervisor's Name:
Duties:	
Dates of employment from _____ to _____	
Reason for leaving:	
May we contact this employer/association? Yes or No	

REFERENCES:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Please carefully read 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 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 I become employed by this association, I understand 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.

Signature _____ Date _____