



South Sound USBC
 4517 South "M" St
 Tacoma, WA 98418
 ssusbc@qwestoffice.net

South Sound USBC Employment Application

Applicant Information – Please type or print clearly in black ink

Name (Last, First, M.I.)	Date
Address:	Area Code & Telephone Number ()
City, State, Zip Code	Business Telephone Number ()
Social Security Number	Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No

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).

Have you ever applied at this association before? If yes, when: <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked at this association before? If yes, when: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand employment may require working nights, weekends, and holidays as required by Association activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you authorized/certified to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Employment is conditional on providing proof of eligibility within 3 days of employment)

Position Applying For

PT or FT Desired	Salary Desired	Hours Available	When can you start

How were you referred to this association?

- Agency
 Walk-in
 Friend/Relative
 Newspaper
 School
 Other

Education

	Name and Location	# Years Completed	Graduated Yes – No	Degree Earned	Major Course of Study
High School					
College or University					
Graduate School					
Other					

Subjects of Specialization which are relevant to position desired:

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	Sponsor	Content	Date(s) Attended

Additional Information

Have you read the job description? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you able, with or without reasonable accommodation, to perform the essential functions and duties as outlined? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employment / Association History – Complete even if application is accompanied by a resume.

Present or Last Employer	Position Title	Dates Employed From: To:
Address	Salary	Hrs. per week
City, State, Zip	Telephone No. ()	Name and Title of Supervisor
Duties/Responsibilities		
Reason for Leaving		

Previous Employer	Position Title	Dates Employed From: To:
Address	Salary	Hrs. per week
City, State, Zip	Telephone No. ()	Name and Title of Supervisor
Duties/Responsibilities		
Reason for Leaving		

Previous Employer	Position Title	Dates Employed From: To:
Address	Salary	Hrs. per week
City, State, Zip	Telephone No. ()	Name and Title of Supervisor
Duties/Responsibilities		
Reason for Leaving		

Previous Employer	Position Title	Dates Employed From: To:
Address	Salary	Hrs. per week
City, State, Zip	Telephone No. ()	Name and Title of Supervisor
Duties/Responsibilities		
Reason for Leaving		

Professional or Personal References – List three professional or personal references (other than family) that have knowledge of your bowling background or education.

Name/ Relationship	Address/Telephone No.	Occupation

Please Read Carefully Before Signing This Form

1. I understand that this Association reserves the right to verify the information that I have provided and that any misrepresentation or omission of facts called for can result in cancellation of consideration for employment or in my immediate dismissal; in addition, it is expressly understood and agreed as a condition of employment that my employment with this Association is terminable at will and may be terminated by me or by the Association at any time, with or without cause or notice. 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.

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 test may be required. (Note: If this is a job requirement, you will be notified).

4. **Application must be submitted by January 15, 2017.**
Send to South Sound USBC, 4517 South M St, Tacoma, WA 98417

Signed by Applicant _____ Date _____

Thank you for your interest in our Association!