

Wy-Jon County USBC, Inc. Official Application

APPLICANT INFORMATION – Please type or print clearly in black ink				
Name (last)		Name (first, middle)		
Street address		Day telephone ()		
City, state, zip code		Evening telephone ()		
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)				
EDUCATION				
School	Name and location	Numbers of years attended	Major Subjects	Diploma or Degree received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> 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 your affiliation at this association:				
Course/Seminar	Organization Sponsoring	Content	Date(s) attended	

ASSOCIATION HISTORY – List present or most recent association positions first. Complete even if accompanied by a resume.

Association Name		Position Title	
Street Address		Start date	End date
City, state, zip code		Association's phone ()	May we contact this association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe duties/responsibilities:		Reason for leaving:	
Association Name		Position Title	
Street Address		Start date	End date
City, state, zip code		Association's phone ()	May we contact this association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe duties/responsibilities:		Reason for leaving:	

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

Name	Mailing Address	Phone number (daytime)
		()
		()
		()

Please read carefully before signing this form

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 my result in denial or removal from office (which ever is applicable).

Applicant's signature

Date

Thank you for your interest in our association.