



Date: December 22, 2019

Position: Indiana State USBC Open Championship Assistant Tournament Manager

This position reports to the IS USBC Association Manager. Please contact IS USBC Association Manager Brian Nunning with any questions by email – [brian.nunning@indianastateusbc.org](mailto:brian.nunning@indianastateusbc.org) or by phone – (812) 629-0352

**Please submit application by email or mail to:**

Indiana State USBC  
Brian Nunning  
2755 Lake Pine Path Apt 223  
Saint Joseph, MI 49085

The form **MUST BE COMPLETED** in the Adobe Reader or the Acrobat Adobe Program for functionality of form to work properly.

**Indiana State USBC Association Employment  
Application**

Date:

**APPLICATION INFORMATION – Please type or print clearly in blue or black ink.**

Name (Last)

Name (First, Middle)

Street Address:

City, State, Zip:

Day Telephone:

Cell Phone:

Email Address:

Are there other names under which you have worked or attended school? **Yes**      **No**  
*If yes, please list for reference checking purposes.*

Are you over the age of 18?      **Yes**      **No**

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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) the nature of the crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not automatically bared from employment.)*

Do you have any pending criminal charges against you?      **Yes**      **No**

*If yes, describe 1) the nature or crime, 2) date issued, and 3) country and state where issued.*

Have you ever worked for a USBC Association before?      **Yes**      **No**

*If Yes, Where and When:*

**Position Applying For:**

How were you referred to this association?

Friend/Relative      Ad      Website/Social Media      Other:

**SPECIAL SKILLS:**

Please describe processing speed, software knowledge, and office equipment experience.

Please describe other office equipment experience.

**EDUCATION:**

School	Name and Location	Years Attended	Major Subjects	Diploma Degree Rec'd
High School				Yes      No Type:
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

**EMPLOYMENT HISTORY** – List present or most recent employment and/or association positions first.  
 Complete even if accompanied by a resume.

<b>Employer</b>	Position Title	Start Date	End Date
Street Address		Salary	Hours per week
City/State/Zip	Last Supervisor's Name	Employer/ Association's Phone	May we contact this employer? Yes No Reason for Leaving:
Describe Duties/Responsibilities:			

<b>Employer</b>	Position Title	Start Date	End Date
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Describe Duties/Responsibilities:			

**REFERENCES:** List two persons other than personal friends or relatives who have knowledge of your background or education.

Name	Mailing Address	Phone Number (Day)
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**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 selected/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 knowing 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, it is a requirement of the position to complete the RVP (Registered Volunteer Program) screening. Also, a physical examination and drug screen may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become selected/hired by this association. I recognize that this application is not and should not be considered a contract of employment. I understand that selection/employment at this association is on an at-will-basis and that my selection/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 selection/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 election/employment other than an officer or official of the association, and the only by means of a signed, written document.

Applicant Signature:

Date:

*Thank you for your interest in the Indiana State USBC Association.*

