



TOURNAMENT DIRECTOR APPLICATION

APPLICATION INFORMATION Please print clearly or fill in with computer

Name(Last)		Name(First, Middle)	
Street Address		Day Telephone	
City, State, Zip		Cellular Telephone	
Email Address			
<p>Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list for reference checking purposes:</p>			
<p>Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain (on a separate attachment) 1) Nature of the crime, 2) Date of conviction, and 3) State in which convicted. (Convictions are not an automatic bar from employment.)</p>			
<p>Do you have any pending criminal charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe (on a separate attachment) 1) Charge, 2) Date charged, and 3) County and state where charged.</p>			
<p>Have you ever applied for this association before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when:</p>		<p>Have you ever worked for this association before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when:</p>	

How were you referred to this association?
 Friend/Relative Website Social Media Email Other _____

SPECIAL SKILLS

<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Excel
<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> WinLABS
<input type="checkbox"/> Quickbooks	<input type="checkbox"/> Adobe Acrobat
<input type="checkbox"/> Microsoft Publisher	<input type="checkbox"/> _____

EDUCATION

School	Name and Location	No. of Years	Graduated?
High School	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
	City, State		
College	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
	City, State		
College	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
	City, State		
Other	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
	City, State		

TRAINING COURSES

Please list (on a separate document) 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.

REFERENCES

Please list three persons (other than personal friends or relatives) who have specific knowledge of your bowling background, or education. These persons should be agreeable to be contacted by us.

Full Name	Telephone (Evening or Cell)
Address, City, State, Zip	
Full Name	Telephone (Evening or Cell)
Address, City, State, Zip	
Full Name	Telephone (Evening or Cell)
Address, City, State, Zip	

I AM APPLYING FOR THE FOLLOWING DIRECTOR POSITIONS:

<input type="checkbox"/> Open Championships <input type="checkbox"/> Women's Championships <input type="checkbox"/> Youth Championships	<input type="checkbox"/> Senior Open & Senior Women's <input type="checkbox"/> Mixed Championships <input type="checkbox"/> Pepsi Youth Championships
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ASSOCIATION HISTORY

Please list present or most recent association positions first. Complete even if you plan to attach a resume or other documents.

Association		Position / Title	
Street Address		Start Date	End Date
City, State, Zip		Phone	Permission to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties & Responsibilities	Reason for Leaving		
Employer / Association		Position / Title	
Street Address		Start Date	End Date
City, State, Zip		Phone	Permission to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties & Responsibilities	Reason for Leaving		
Employer / Association		Position / Title	
Street Address		Start Date	End Date
City, State, Zip		Phone	Permission to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties & Responsibilities	Reason for Leaving		
Employer / Association		Position / Title	
Street Address		Start Date	End Date
City, State, Zip		Phone	Permission to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties & Responsibilities	Reason for Leaving		
Employer / Association		Position / Title	
Street Address		Start Date	End Date
City, State, Zip		Phone	Permission to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties & Responsibilities	Reason for Leaving		

TOURNAMENT MANAGER HISTORY

Please list present or most recent tournament experience first.

Tournament Name	Position / Title	
Bowling Establishment	Start Year	End Year
Tournament Name	Position / Title	
Bowling Establishment	Start Year	End Year
Tournament Name	Position / Title	
Bowling Establishment	Start Year	End Year
Tournament Name	Position / Title	
Bowling Establishment	Start Year	End Year
Tournament Name	Position / Title	
Bowling Establishment	Start Year	End Year
Tournament Name	Position / Title	
Bowling Establishment	Start Year	End Year
Tournament Name	Position / Title	
Bowling Establishment	Start Year	End Year
Tournament Name	Position / Title	
Bowling Establishment	Start Year	End Year

FINAL QUESTIONS / ASSERTIONS

I am currently SafeSport Certified, and a Registered Volunteer; if not, I will complete SafeSport training and obtain Registered Volunteer status (if requested to do so.)

I will submit to a Credit Check (if requested).

Please read carefully before signing.

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 selected/hired.

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.

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.)

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 selection/employment other than an officer or official of the association, and then only by means of a signed, written document.

Signature of Applicant

Date

Thank you for your interest in our association.

PLEASE REMIT APPLICATION, ALONG WITH ANY APPLICABLE ATTACHMENTS, TO:

Missouri State USBC Association

Dennis Hacker, Association Manager

34 PCR 511

Perryville, MO 63775

OR EMAIL TO (Preferred): AssociationManager@mousbc.org