



***NMUSBC  
ASSOCIATION JOB  
APPLICATION***

**NMUSBC ASSOCIATION MANAGER TRAINEE**  
**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

Have you ever worked for a USBC Association before?  Yes  No  
*If Yes, Where and When:*

**Position Applying For:**

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

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				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving
<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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving
<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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving

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

Name	Mailing Address	Phone Number (Day)

***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 Safe Sport/ 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 associations, 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 then only by means of a signed, written document.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for your interest in our association.*

