

BOARD MEMBER APPLICATION



ST. CHARLES COUNTY
ASSOCIATION

www.sccmobowling.com

St Charles County USBC
300 Fort Zumwalt Square
Suite 127 & 128
O'Fallon MO 63366

Date: _____

APPLICATION INFORMATION (Please type or print clearly in black ink)

Last Name

First Name, Middle

Street Address

Day Telephone
()

City, State Zip

Evening Telephone
()

If you are under 18 years of age, do you have a work permit? No Yes

Have you ever been convicted of a crime or plead no contest for any offense or violation other than a minor traffic violation? (convictions are not automatic bar from employment)

No Yes If Yes, please explain:

1) Nature of the Crime:

2) Date of conviction:

3) State in which convicted:

SPECIAL SKILLS

1) Please describe processing speed, software knowledge, office equipment experience, etc.

(2) What other skills or talents do you possess that would contribute to the board?

3) Are you a certified USBC Coach? No Yes, Level?

EDUCATION

	Name & Location	# Years attended	Major/Subject	Diploma/Degree?
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes Type:
College or University				<input type="checkbox"/> No <input type="checkbox"/> Yes Type:
Graduate School				<input type="checkbox"/> No <input type="checkbox"/> Yes Type:
Other (specify)				<input type="checkbox"/> No <input type="checkbox"/> Yes Type:

TRAINING COURSES

List any relevant academic honors, awards, scholarships, professional organizations, volunteer activities, certifications, publications, licenses, or any other information you consider significant and relevant to employment at this association.

Course/Seminar	Organization	Content:	Dates:

ASSOCIATION HISTORY (List present or most recent assoc. positions first. Complete even if accompanied by a resume)

Association	Position/Title:	Start Date:	End Date:
Street Address, City, State, Zip:			
Describe Duties and Responsibilities:			Reason for Leaving:

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Street Address, City, State, Zip:			
Describe Duties and Responsibilities:			Reason for Leaving:

REFERENCES

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

Name	Mailing Address	Email address	Phone #

Please Read Carefully Before Signing This Form

All information contained in the application is true to the best of my knowledge and belief. I understand that misrepresentation nor omission of any kind may result in denial of employment or be cause for subsequent dismissal if I am selected/hired.

Signature of Applicant: _____	Date: _____
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Thank you for your interest in the St. Charles County Association