

Greater Louisville USBC Youth Board 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.) | | | | |
| SPECIAL SKILLS | | | | |
| 1. Please describe processing speed, software knowledge, and office equipment experience. | | | | |
| 2. Please describe other office equipment experience. | | | | |
| EDUCATION | | | | |
| School | Name and Location | No Years Attended | Major Subjects | Diploma or Degree Rec'd |
| 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: |

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

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|-----------------------------------|--|-------------------------------|--|
| Association Name | | Position Title | |
| Street Address | | Start Date | End Date |
| City, State, Zip | | 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 | | 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 other than friends or relatives who have knowledge of your bowling background or education.

| Name | Mailing Address | Phone No. (Day) |
|------|-----------------|-----------------|
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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 may result in denial or removal from office (which ever is applicable).

Signed by Applicant _____ Date: _____

Thank you for your interest in our association