

Peoria River City 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list for reference checking purposes.</i>	
Are you over the age of 18? <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 <i>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.)</i>	
Do you have any pending criminal charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe 1) the nature or crime, 2) date issued, and 3) country and state where issued.</i>	
Have you ever worked for a USBC Association before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Where and When:</i>	

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.

Employer	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
Employer	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
Employer	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 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 our association.

