

# VSYABA

## Association Manager Employment Application

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

<b>Application Information:</b> Please type or print clearly in black ink		
Name:	(Last)	(First) (Middle)
Street Address	Day Telephone: ( )	
City, State, Zip Code	Evening Telephone: ( )	
<b>Social Security Number:</b>		
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes No (Circle one) If yes, explain: 1) Nature of Crime 2) Date of conviction and 3) State in which convicted.		
Do you have any pending criminal charges against you? Yes No (Circle one) If yes, explain: 1) Nature of Crime 2) Date issued and 3) County and State where issued.		
Have you ever applied at this association before? Yes No (Circle one) If yes, when?:	Have you ever worked at this association before? Yes No (Circle one) If yes, when?:	
Position Applying For:	PT or FT Desired:	Hours Available:
Salary Preference:	When can you start?	
<b>Special Skills:</b>		
1. Please describe processing speed, software knowledge, and office equipment experience.		
2. Please describe other office equipment experience.		
<b>Training courses</b> – List any relevant academic honors, awards, scholarships, professional organizations, volunteer activities, certificates, publications, licenses, or any other information you consider significant and relevant to the employment at this association		

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<b>Employment/Association History:</b> List present or most recent employment and/or association positions first. Complete even if accompanied by a resume. Only last 10 years required.		
<b>Employer/Association</b>	Position Title:	Start/End Date:
Street Address	Salary	May we contact the employer or association? Yes or No
City, State, Zip	Supervisor's Name	Employer Phone: ( )
Describe Duties/Responsibilities:		Reason for Leaving?
<b>Employer/Association</b>	Position Title:	Start/End Date:
Street Address	Salary	May we contact the employer or association? Yes or No
City, State, Zip	Supervisor's Name	Employer Phone: ( )
Describe Duties/Responsibilities:		Reason for Leaving?
<b>References:</b> List three persons, who have knowledge of your bowling background or education		
Name	Address	Phone (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 misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am 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 knowingly 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, a physical examination and drug screening may be required.
4. Regardless of whether or not I become employed by this association, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at this association is on an at-will basis and that my 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 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 employment other than an officer or official of the association, and then only by means of a signed, written document.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail this application to: Anne Ray, 6-I Tamarisk Quay, Hampton, VA 23666\_**  
**\*\*This application must be submitted ASAP\*\***