



# Sample Board Application

LOGO

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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**TRAINING COURSES** - List any relevant academic honors, awards, scholarships, professional organization, 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

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

<b>Association Name</b>		<b>Position Title</b>	
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	
<b>Association Name</b>		<b>Position Title</b>	
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	
<b>Association Name</b>		<b>Position Title</b>	
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)

*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.*



