

The Minneapolis USBC Association Manager

Job Summary: This position is responsible to manage the affairs of the Minneapolis division of the United States Bowling Congress, including financial reports, correspondence, filing of appropriate tax documents and documents pertaining to the charter of the organization. The Association Manager is responsible for overseeing the operations of the association, providing administrative support and the coordination of services necessary to comply with USBC Performance Standards.

Inquirers

More information in regards to the application and descriptions of Association Managers duties go to www.minneapolisbowling.com At this site you may download the Minneapolis Association Manager Employment Application form and duties.

Applications for the association manager will close September 1st, 2010.

You may also call 612-747-9070 for more information or to answer any questions you may have in regards to the Association Manager position.



USBC Association Employment Application

Minneapolis USBC
 9673 - 63rd Ave N
 Maple Grove, Mn 55369

Date: _____

POSITION APPLYING FOR Minneapolis USBC Association Manager				
PT or FT Desired	Salary Preference	Hours Available	When can you start?	
How were you referred to this association? <input type="checkbox"/> Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> Other _____				
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 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	



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EMPLOYMENT/ASSOCIATION HISTORY –List present or most recent employment and/or association positions first. Complete even if accompanied by a resume.			
Employer/Association	Position Title	Start Date	End Date
Street Address		Salary	Hrs. per week
City, State Zip	Last Supervisor's Name	Employer/Association's Phone ()	May we contact this employer/association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving
Employer/Association	Position Title	Start Date	End Date
Street Address		Salary	Hrs. per week
City, State Zip	Last Supervisor's Name	Employer/Association's Phone ()	May we contact this employer/association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving
Employer/Association	Position Title	Start Date	End Date
Street Address		Salary	Hrs. per week
City, State Zip	Last Supervisor's Name	Employer/Association's Phone ()	May we contact this employer/association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving
Employer/Association	Position Title	Start Date	End Date
Street Address		Salary	Hrs. per week
City, State Zip	Last Supervisor's Name	Employer/Association's Phone ()	May we contact this employer/association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving



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REFERENCES -List three persons other than personal 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

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 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 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. (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 selection/employment other than an officer or official of the association, and then only by means of a signed, written document.

Signed by Applicant _____ Date: _____

Thank you for your interest in our association.