



# Missouri State USBC Tournament Director 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?    Yes    No				
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations?    Yes    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 special skills which might be beneficial to this job.				
EDUCATION				
School	Name and Location	No. Years Attended	Major Subjects	Diploma or Degree Rec'd
High				Yes    No
College				Yes    No
Other				Yes    No

<b>TRAINING COURSES-</b> 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	
<b>ASSOCIATION HISTORY –</b> List present or most recent Association position first. Complete even if accompanied by resume.				
Association Name		Position Title		
Street Address		Start Date	End Date	
City, State, Zip		Association 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 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 Phone ( )	May we contact this association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Duties/Responsibilities:		Reason for Leaving		

<b>Tournament Manager HISTORY</b> – List present or most recent tournament experience first.		
Tournament Name	Position Title	
Bowling Establishment	Start Year	End Year
Tournament Name	Position Title	
Bowling Establishment	Start Year	End Year
Tournament Name	Position Title	
Bowling Establishment	Start Year	End Year
Tournament Name	Position Title	
Bowling Establishment	Start Year	End Year
Tournament Name	Position Title	
Bowling Establishment	Start Year	End Year

REFERENCES – List three persons other than friends or relatives who have knowledge of your bowling background or education.		
<b>Name</b>	<b>Mailing Address</b>	<b>Daytime Phone #</b>

*Please Read Carefully Before Signing this Form. See reverse side for job description.*

I am applying for:  Open Championship       Senior Open & Senior Women's  
 Women's Championship       Mixed Team  
 Youth Championship       Pepsi Youth

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 or removal from office (whichever is applicable).

Signed by Applicant \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your interest in our State Association. Please attach any other information you feel would be an asset in doing the job as Tournament Director.*