

World Series of Amateur Bowling (WSAB), LLC

4800 S. Chicago Beach Dr. Suite 2609
Chicago, Illinois 60615 (773) 243 -6658



Area Manager Application

I. PERSONAL INFORMATION

Name _____ S/S # _____

Address _____

City: _____ State _____ Zip _____

Rent? _____ How long? _____ Own _____ How long? _____

Previous address if less than 5 years _____

City: _____ State _____ Zip _____

Home Phone # () _____ Business Phone # () _____

Fax # () _____ E-Mail Address _____

II. EMPLOYMENT INFORMATION

Current Company _____

Address _____

City: _____ State _____ Zip _____

Home Phone # () _____ Business Phone # () _____

Fax # () _____ E-Mail Address _____

Length of Service _____ Years _____ Months _____ Days _____

Title or Position _____

Responsibilities _____

Salary Monthly _____ Weekly _____ Hourly _____

Previous Company _____

Address _____

City: _____ State _____ Zip _____

Home Phone # () _____ Business Phone # () _____

Fax # () _____ E-Mail Address _____

Length of Service _____ Years _____ Months _____ Days _____

Title or Position _____

Responsibilities _____

Salary Monthly _____ Weekly _____ Hourly _____

III. BOWLING/ADMINISTRATION HISTORY

How long have you been bowling?

Years? _____ Months? _____

How many leagues do you bowl each week? _____

What is the highest average you have carried for a complete season? _____

What is the highest sanctioned game you have rolled? _____ Series? _____

Have you ever served as a league officer?

Secretary? _____ President? _____ Vice President? _____

Have you ever been a member of any Professional Bowling Organization?

Name _____

Have you ever been a member of any Amateur Bowling Organization?

Name _____

What is your tournament average? _____

Have you ever won a major tournament? _____

Did you assist in the operation of the tournaments? _____ At the tournaments? _____

As a floor Director? _____ At the check-in table? _____ In the Office? _____

Are you familiar with a Kaufman bowling ball (dodo) scale? _____

Have you ever participated in any type of bowling tournament promotion? _____

When? _____ Where? _____ For what group? _____

Have you ever served in any capacity in your local ABC Association? _____

What was your position? _____ How long did you serve? _____

Are you familiar with all the USBC rules and regulations? _____

Have you ever been employed by any Bowling Center? _____

In what Capacity? _____ How long were you employed? _____

Bowling Center name? _____

Address _____ City _____ State _____ Zip _____

IV. SALES \ JOB EXPERIENCE

Please describe your sales/job experience which you feel would qualify you for a World Series of Amateur Bowling Management position? (Feel free to add additional pages if needed).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

V. PERSONAL REFERENCES: Three personal references who are not relatives.

Name _____ Address _____

City _____ State _____ Zip _____ Phone # () _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone # () _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone # () _____

VI. BUSINESS/PROFESSIONAL REFERENCES: List three references.

Name _____ Address _____

City _____ State _____ Zip _____ Phone # () _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone # () _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone # () _____

I verify all the statements and facts on this application are true and correct to the best of my knowledge. This application is solely for the purpose of qualifying for employment at the World Series of Amateur Bowling, LLC. This application and the contents therein are not to be used by any other entity for any purpose. The World Series of Amateur Bowling, LLC. is allowed to keep this application on file at the WSAB Headquarters.

My signature attached to this document authorizes the World Series of Amateur Bowling, LLC to investigate any and all statements and facts submitted.

I also authorize World Series of Amateur Bowling, LLC to exchange reports and statements regarding this document with any and all credit reporting agencies and others. It is my understanding the World Series of Amateur Bowling, LLC will keep this information on file. Should I request, World Series of Amateur Bowling, LLC will provide me with each agency's name and address they have contacted regarding the above information. I hereby certify all the information stated on this application is true and correct.

Signature_____Date_____

Name_____Date_____