Thank you for your interest in officiating or scorekeeping with the Utah Basketball Officials Association (UBOA). Please complete this application in full. Officials and scorekeepers engaged by UBOA work as independent contractors, not employees — see the Independent Contractor Acknowledgment on page 3 for details.

1. Position Applying For

☐ Basketball Official / Referee ☐ Scorekeeper / Clock Operator ☐ Both

2. Personal Information

Legal First Name

Legal Last Name

Mailing Address (Street)

City

State

ZIP Code

Phone Number

Email Address

Date of Birth (MM/DD/YYYY)

SSN or EIN (for 1099-NEC tax reporting)

How did you hear about UBOA?

3. Emergency Contact

Contact Name

Contact Phone

Relationship

4. Transportation & Equipment

☐ I have reliable transportation to game sites

☐ I own or will obtain proper uniform/equipment (per UBOA guidelines)

5. Officiating / Scorekeeping Experience

Years of Experience

UHSAA / NFHS Registration # (if any)

Levels You Are Qualified or Comfortable Working (check all that apply)

☐ Youth / Rec League ☐ Middle School ☐ High School JV ☐ High School Varsity

Prior Associations / Leagues Officiated or Scored For

Relevant Certifications or Training (list any)

6. Availability

Days Generally Available (check all that apply)

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Typical Time Windows Available (e.g., weeknights, weekend mornings)

Approx. Games You'd Like to Officiate/Score Per Week

7. References

Please list two references (coaches, league administrators, or fellow officials).

Reference 1 Name | Phone | Relationship

Reference 2 Name | Phone | Relationship

8. Independent Contractor Acknowledgment

By submitting this application, I understand and agree that, if engaged by the Utah Basketball Officials Association (UBOA), I will provide officiating and/or scorekeeping services as an independent contractor and not as an employee of UBOA.

I understand that as an independent contractor: (a) I am responsible for my own local, state, and federal taxes, including self-employment tax, and will receive a Form 1099-NEC for payments of $600 or more in a calendar year; (b) UBOA will not withhold income tax, Social Security, or Medicare from my pay; (c) I am not entitled to employee benefits such as health insurance, paid leave, workers' compensation, or unemployment insurance through UBOA; (d) I retain the right to accept or decline individual game assignments; and (e) I am responsible for my own transportation, uniform, and equipment unless otherwise agreed in writing.

I authorize UBOA to conduct a background check as part of the application process, and I certify that the information provided in this application is true and accurate to the best of my knowledge.

This application is not a contract or offer of engagement. A separate Independent Contractor Agreement will be provided for signature prior to receiving game assignments.

☐ I have read and agree to the statements above.

☐ I authorize UBOA to conduct a background check.

9. Signature

Applicant Signature (type full legal name)

Date

FOR UBOA OFFICE USE ONLY

Date Received

Reviewed By

Status