



2022 Seasonal Application Form Vaughan Soccer Club Inc.

PO Box 852, 11151 Keele St., Maple, ON, L6A 1S8

T. 905.832.0911 F. 905.832.0624

www.vaughansoccer.com

Email the completed application form & supporting documents to sarah.pellegrini@vaughansoccer.com

We thank all applicants. Only those selected for an interview will be contacted. Please be sure to print clearly and answer all questions. Please attach a resume and any additional supporting documentation.

First Name: _____ Last Name: _____

Full Address: _____

Main Phone #: _____ Other Phone #: _____

Email Address: _____

Yes No Are you legally eligible to work in Canada?

Yes No Will you be a minimum of 16 years of age for the duration of the program?

Yes No Do you have a valid Social Insurance Number?

Yes No Do you have your current Standard First Aid & CPR-C Certificate?

If yes, Expiry Date: _____ (attach photocopy)

Yes No Do you have your current Police Vulnerable Sector Check?

If yes, Issue Date: _____ (attach photocopy)

Position Applying For: _____

Education: Highest Grade Completed: _____ School: _____

Employment History: List any volunteer or paid positions you've held related to the position you are applying for.

Employed By: _____ Position: _____ Employed from: _____ to _____

Employed By: _____ Position: _____ Employed from: _____ to _____

Qualifications: List all qualifications/certificates related to the position applying for. Attach photocopies.

Qualification/Certificate: _____ Expiry Date: _____

Qualification/Certificate: _____ Expiry Date: _____

Other related interests or skills: _____

Signature: _____ Date: _____