



2023 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 If no, will you be willing to get the certification if it is required for employment?

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

If yes, Issue Date: _____ (attach photocopy)

Yes No If no, will you be willing to complete the check if required for employment?

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: _____

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Other related interests or skills: _____

Signature: _____ Date: _____