



**EDMONTON SOCCER
ASSOCIATION**

APPLICATION FOR EMPLOYMENT

We consider applicants without regard to race, colour, creed, ancestry, origin, sex, sexual orientation, marital status, family status, handicap, or other protected status.

PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE NAME	SIN
PRESENT ADDRESS			
CITY	PROVINCE	POSTAL CODE	
HOME TELEPHONE Area Code ()	BUSINESS TELEPHONE Area Code ()	ARE YOU PRESENTLY EMPLOYED?	
ARE YOU LEGALLY ENTITLED TO WORK IN CANADA?	HAVE YOU WORKED HERE BEFORE? IF YES, WHEN?		
IF HIRED, WHEN CAN YOU START WORK?	DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK?		
ARE YOU BONDABLE? (Answer only if relevant to position applied for.)	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED?		
ARE YOU 18 YEARS OF AGE OR OLDER AND LESS THAN 65 YEARS OF AGE?	DO YOU WANT TO WORK – FULL TIME <input type="checkbox"/> PART – TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>		
WHAT TYPE OF WORK ARE YOU INTERESTED IN DOING?			
HOW DID YOU HEAR OF THIS POSITION?			

EDUCATION

	JUNIOR HIGH SCHOOL			HIGH SCHOOL			COLLEGE OR UNIVERSITY				GRADUATE OR PROFESSIONAL			
YEAR LAST ATTENDED														
LEVEL COMPLETED	7	8	9	10	11	12	1	2	3	4	1	2	3	4
CERTIFICATES, DIPLOMAS, DEGREES OBTAINED														
COURSE OF STUDY														
LIST ANY SPECIALIZED TRAINING, APPRENTICE SKILLS, AWARDS, PROFESSIONAL DESIGNATIONS, AND OTHER EDUCATION														

Education levels achieved and degrees obtained are subject to verification if an offer of employment is extended.

WORK HISTORY (LIST IN ORDER STARTING WITH YOUR PRESENT OR LAST JOB)

PRESENT OR LAST EMPLOYER		ADDRESS	
TYPE OF BUSINESS		TELEPHONE NUMBER	
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr) To (Mo/Yr)	FINAL SALARY/WAGE
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			

EMPLOYER		ADDRESS	
TYPE OF BUSINESS		PHONE NUMBER	
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr) To (Mo/Yr)	FINAL SALARY/WAGE
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			

EMPLOYER		ADDRESS	
TYPE OF BUSINESS		PHONE NUMBER	
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr) To (Mo/Yr)	FINAL SALARY/WAGE
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			

MAY WE CONTACT YOUR PRESENT OR LAST EMPLOYER FOR REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>	MAY WE CONTACT YOUR PREVIOUS EMPLOYERS FOR REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>
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PLEASE READ CAREFULLY

The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from employment or be cause for my dismissal. If hired, I agree to abide by all rules and regulations of the Edmonton Soccer Association, including serving an initial probationary period.

Applicant Signature _____ Date _____