Soccer Success Job Application - Complete All Required Fields *REQUIRED FIELDS

Full Name* (This will be used on all future correspondence)

Positions Available Select One or More

Coerver Summer Camp Coach (June/July - August)
Multi-Sport Full-day Camp Coach (June/July - August)
Lil' Kickers Part-time Coach (Year round)
Sportsplex Part-time Assistant (Nov - March)
Full-Time Coerver Coaching Positions

Personal Information

First Name*	Middle Name	Last Name*
Birth Date*	Gender	•
Driver*	What year did you pass your	driving test?
Marital Status*	Citizenship*	Employment Status*

Contact Information

Home Phone*	Ot	ther Phone Number	
Cell Phone Number	E-	mail Address*	
Home Address House Name/Number*	Street*	City*	
County / State*	Post Code / Zip*	Country*	

Current Employment or College/ University

Name of Employer/ Institution*		
Street	City	
County/ State	Post Code / Zip	Country

If currently employed, please give details of responsibilities:

Education and Qualifications

College / University		Course Title		
Qualification	Course Dates		Year of Graduatio	on
Other relevant academic qualificat	ions:			

Soccer Coaching Qualification

Qualification 1	Year Obtained	If you are intending to complete a soccer qualification in the next few months please list:
Qualification 2	Year Obtained	
Qualification 3	Year Obtained	

Other Sports Qualifications

Qualification 1	Year Obtained	If you are intending to complete a sports qualification in the next few months please list:
Qualification 2	Year Obtained	
Qualification 3	Year Obtained	

Relevant Work Coaching Experience

Position 1	Organization	Duties	Start / End dates
Position 2	Organization	Duties	Start / End dates

General Information

Please list reasons why you wish to work for Soccer Success*

Please explain the qualities that you will bring to Soccer Success*

Please indicate in order of priority the age of player that you are most comfortable coaching:

1.	
2.	
3.	
4.	

Medical Information

Have you ever had any serious or permanent debilitating illness / limitations?*	Yes 🖸	No
Are you currently undergoing any medical treatment?*	Yes 🖸	No
Do you currently take any prescription medication?*	Yes 🖸	No
Do you have any allergies?*	Yes 🖸	No

If you have answered yes to any of the above, please list details:

Background Check

For the maximum protection of all children involved with Soccer Success programs and services all employment offers are subject to a criminal background check. Please tick the following box to authorize background checks being made.

Yes, I agree to Soccer Success undertaking relevant criminal background checks.

References

Contact information of professional reference:

Name*	Relationship*	Phone Number*	E-mail
Contact information	of personal reference:		
Name*	Relationship*	Phone Number*	E-mail