

MARYLAND SOCCER FOUNDATION APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: _____

PERSONAL INFORMATION

DATE OF BIRTH: _____

Last Name	First	Middle Initial
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Home Address	City	State	Zip
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Phone: () _____

e-mail: _____

EMPLOYMENT INFORMATION

Position applied for: _____ Salary Desired: _____

Social Security Number: _____

Will you be required to obtain a work permit in this state? Yes No

If yes, specify date(s) and position(s) applied for. _____

How were you referred to the Maryland Soccer Foundation? _____

When would you be available to begin work? _____

Would you be willing to work:

- | | | | | | |
|-------------------|------------------------------|-----------------------------|-------------|------------------------------|-----------------------------|
| a) Evenings | <input type="checkbox"/> Yes | <input type="checkbox"/> No | b) Weekends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Early Mornings | <input type="checkbox"/> Yes | <input type="checkbox"/> No | d) Outdoors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How many hours per week, would you be available to work? _____

Type of employment desired: Full-time Part-time Temporary Summer Intern

EDUCATION AND TRAINING

Type of School	Name of School	Dates Attended	Graduated		Type of Degree	Field of Study
			Yes	No		
High School						
College or University						
Other Education or Training						

List any special skills which would potentially enhance your ability to perform the position you are applying for (i.e. fluency in a foreign language, CPR cert., computer skills-level of proficiency, etc.)

EMPLOYMENT EXPERIENCE

Company Name and Address	Dates Employed	Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving
	From	Starting		
		\$ per		
	To	Final		
Phone ()		\$ per		
<hr/>				
	From	Starting		
		\$ per		
	To	Final		
Phone ()		\$ per		
<hr/>				
	From	Starting		
		\$ per		
	To	Final		
Phone ()		\$ per		
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	From	Starting		
		\$ per		
	To	Final		
Phone ()		\$ per		
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	From	Starting		
		\$ per		
	To	Final		
Phone ()		\$ per		

May we contact your present employer? Yes No
 List current professional licenses, registrations, and affiliations.

BUSINESS OR PROFESSIONAL REFERENCES

Name	Years Known	Occupation	Address	Phone

Please include any other information you think would be helpful to us in considering you for employment, such as activities, accomplishments, etc.

Have you been convicted of a felony in the past five years? Yes No