



Employment Application

Date: _____

First Name: _____ Last Name: _____

Date Of Birth: _____ Male Female SSN (Required) _____

Drivers License ID#: _____ Issuing State: _____

Current Liability/Accident Insurance: Yes No Carrier/Policy # _____

NSCAA Member: Yes No Membership #: _____

Mailing Address: _____ Phone #: _____

Business Phone #: _____

Cell Phone #: _____

Soccer Licenses/Diplomas/Certificates

List with Dates Achieved: _____
Include Document Copies: _____

Miscellaneous Soccer Education

List with Dates Achieved _____
Include Document Copies: _____

Soccer Playing Experience

List Teams with Dates _____
with References _____

Personal Soccer Related References

List 3 References _____
with Phone #s _____

Have you ever been convicted of a Local, State and/or Federal crime: No Yes Describe details on back

I, the above named applicant certify that all the information provided on this employment application is factual and correct and hereby give permission to All Soccer Training Inc "The Corporation" to perform any background investigation deemed necessary in verifying so. I agree to allow, at the discretion and expense of the corporation, personal substance abuse testing of any kind and at anytime required by The Corporation. I verify to the best of my knowledge that I am both physically and mentally able to participate in the activities of a soccer program and have been examined and given the approval by a qualified physician to do so. Recognizing the possibility of physical injury associated with soccer and in consideration for All Soccer Training Inc. and its affiliates accepting this applicant for employment for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify All Soccer Training Inc., it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim or damages to person, property or, activities by or on behalf of my participation in the Programs and agree to assume all financial responsibility including all medical/dental treatment and possible insurance deductibles and/or reasonable attorneys' fees, made by any third party due to or arising out of my participation in the Programs or by violation of any term of this waiver during my assignment/ employment with the corporation. I agree to allow All Soccer Training Inc to use my photo and any related biography supplied on this application for any and all distributed company material printed and/or electronic deemed necessary by The Corporation. Performing the duties of my employment to the corporation, I agree that it is my sole responsibility to obtain liability and accident insurance and must supply proof of such coverage at any time if and when required. I agree that upon signing this application I will be acting as a representative of All Soccer Training Inc. and any/all prospective soccer related business that I receive under this representation must be referred back to the corporation. I agree to the sole responsibility and accept liability of any/all financial loss to the corporation upon violation of any of these terms.

Applicant Signature: _____

Date _____

EMPLOYMENT APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE REQUIRED DATED SIGNATURE