



His Hands On Africa Employment Application

His Hands On Africa is an Equal Opportunity Employer. Opportunities are available to all applicants without regard to race, color, religion, sex, pregnancy (including childbirth, lactation and related medical conditions), national origin, age, physical and mental disability, marital status, sexual orientation, military and veteran status, and any other characteristic protected by applicable law.

PERSONAL INFORMATION:

Name: _____ Today's Date: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Are you legally authorized to work in the United States?: Yes No

Proof of legal authority to work in the United States will be required upon employment.

Position Applied For: _____

Available Start Date: _____ Requested Rate of Pay: \$ _____ per _____

Referred By (Name of Job Posting Site or Person): _____

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain: _____

EDUCATION:

University Attended: _____

Graduated: Yes No Certificate/Degree Earned: _____

University Attended: _____

Graduated: Yes No Certificate/Degree Earned: _____

Other Licenses or Certifications: _____

Other Course Work: _____



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EMPLOYMENT HISTORY:

Provide the following information for your past and current employers, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the comments section below.

Current or Most Recent Employer: _____ From: _____ To: _____

Position/Title: _____

Employer Street Address: _____

City: _____ State: _____ Zip: _____

Summarize the Type of Work: _____

Reason for Leaving: _____

May we contact your reference? Yes No Later

Supervisor's Name & Title: _____

Email: _____ Phone: _____

Previous Employer: _____ From: _____ To: _____

Position/Title: _____

Employer Street Address: _____

City: _____ State: _____ Zip: _____

Summarize the Type of Work: _____

Reason for Leaving: _____

May we contact your reference? Yes No Later

Supervisor's Name & Title: _____

Email: _____ Phone: _____

Comments: *(Include explanation of any gaps in employment.)*



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REFERENCES:

List information for three references (other than those listed above) who are not related to you.

| Name | Relationship | Company | Telephone | Years Known |
|------|--------------|---------|-----------|-------------|
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AFFILIATIONS:

List professional, trade, business, or civic association and any offices held.

Exclude memberships that would reveal sex, act, religion, national origin, age, color, disability, or any other similarly protected status.

| Organization | Certificates/ Offices Held |
|--------------|----------------------------|
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SKILLS AND QUALIFICATIONS:

Summarize any special training, skills, license and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.



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_____ I understand and agree that if it is subsequently discovered that the information is untrue or that I have failed to disclose a material fact, any offer of employment made to me by His Hands On Africa may be immediately withdrawn or if I am already employed by His Hands On Africa, I may be subject to immediate dismissal at His Hands On Africa's option. In such event, the withdrawal of any offer of employment made to me or the termination of employment shall be without any obligation or liability to me by His Hands On Africa, other than for wages at the rate agreed upon for work I have actually performed.

_____ I give the employer the right to contact and obtain information from all references, employers, education institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

_____ The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

_____ This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

_____ I understand and acknowledge that any employment relationship with His Hands On Africa will be "employment at will". This means that I may resign at any time and you, the employer, may discharge me at any time, with or without cause, and with or without advance notice. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

_____ I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

_____ I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

_____ I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date: _____