



Africa Solutions, Inc
6066 Shingle Creek Parkway # 314
Minneapolis, MN 55430
Tel 612-236-6349

Email: info@AfricaSolutions.org
Web: www.AfricaSolutions.org

Volunteer Application Form

PERSONAL INFORMATION:

First Name: _____

Middle Name: _____

Last Name: _____

Street Address City, State, Zip Code

Phone Number: (____) _____

Are you eligible to work in the United States? Yes _____ No _____

Are 18 or older? Yes ___ No ___

Have you been convicted of a felony within the last five years? Yes _____ No _____

If yes, please explain: _____

POSITION/AVAILABILITY:

Position Applied For: _____

Days/Hours Available:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

Hours Available: from _____ to _____



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What date are you available to start work? _____

EDUCATION:

Name and Address of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present or last position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____



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Responsibilities: _____

Salary: _____

Reason for Leaving: _____

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Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

May We Contact Your Current Employer? Yes _____ No _____



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References:

Name/Title Address Phone

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____