

Application Process

Written Application Questions:

Please respond to all the questions below. Your answers should not exceed three pages all together:

- Describe yourself (including your strengths, weaknesses, talents, hobbies, etc.)
- How did you learn about SaveAfricaNow, and do you have any previous involvement with SaveAfricaNow?
- Explain why you want to be an intern, and why you think this program is for you.
- If you are accepted, what will your personal goals be during your time as an intern?
- Please list two or three of your favorite websites
- Please list your top three favorite movies
- Please list your favorite music artists
- What is the last book you read and enjoyed?
- What famous person has impacted you the most?
- What is the most interesting thing you have ever done?

Video:

As part of the application process, we ask you to prepare a video presenting yourself. It cannot be longer than 4 minutes, and we are not looking for filmmaking ability. But we want to find more about you. So use your creativity and tell us about yourself. You can post it on YouTube, but set it to private and authorize us to view it.

Submit Your Application:

Please mail your application to:

SaveAfricaNow Inc.
Internship – Revolution
P.O. Box 27857
San Diego, CA 92128
USA

SAVE *Africa* NOW

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form, or email jobs@saveafricanow.org, and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete all pages of application.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly: incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in disqualification of your application.

POSITION APPLIED FOR: _____

TODAY'S DATE: _____

NAME: _____
SURNAME FIRST MI

PHONE: _____
CELL OTHER

EMAIL: _____

CURRENT ADDRESS: _____
STREET

_____ CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

_____ CITY STATE ZIP

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or animal support because of blindness, deafness, or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

AVAILABILITY

If your application is considered favorably, what date are you available to start? _____

Have you ever applied to SaveAfricaNow before? Yes No

If yes, please explain and provide dates. _____

JOB RELATED SKILLS

NOTE: Do not fill out any parts of this section you believe to be non-job related.

Yes No If the job requires, do you have the appropriate valid driver's license?

Name on license _____ DL# _____

Type _____ Location of Issue _____

Yes No Are you at least 18 years of age?

Yes No If yes, can you provide proof?

Yes No Have you been given a job description or had the essential functions of the job explained to you?

Yes No Do you understand these essential functions?

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____

SECURITY

List places of residence for the past seven years: _____

Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. Applicant is not obligated to disclose any reference to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court, or, if in California, any marijuana related misdemeanor conviction entered more than two years prior to the date of this employment application. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

COMMENTS (ASK FOR AN ADDITIONAL PAGE IF NECESSARY) _____

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **CORRECT TELEPHONE NUMBERS OF PAST EMPLOYERS ARE CRITICAL.** Ask for a phone book or call information if necessary.

MOST RECENT EMPLOYER

Yes No Are you currently working for this employer?

Yes No If yes, may we contact?

COMPANY NAME

CITY

STATE

COMPANY PHONE

COMPANY FAX

FROM

TO

DATES EMPLOYED

JOB TITLE

SUPERVISOR NAME

DUTIES

SALARY

PER

(HOUR, WEEK, YEAR)

REASON FOR LEAVING

SECOND MOST RECENT EMPLOYER

COMPANY NAME

CITY

STATE

COMPANY PHONE

COMPANY FAX

FROM

TO

DATES EMPLOYED

JOB TITLE

SUPERVISOR NAME

DUTIES

SALARY

PER

(HOUR, WEEK, YEAR)

REASON FOR LEAVING

THIRD MOST RECENT EMPLOYER

COMPANY NAME _____ CITY _____ STATE _____

COMPANY PHONE _____ COMPANY FAX _____

FROM _____ TO _____
 DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

SALARY _____ PER _____ (HOUR, WEEK, YEAR) REASON FOR LEAVING _____

REFERENCES

Include individuals familiar with your work ability only. At least two of the references must be professional. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

EDUCATION

NOTE: Do not fill out any part of this section you believe to be non-job related.
 Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the

(CONTINUED)

use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE

DATE