

**Attach 2 Professional
Passport Photos**

These photos are for
obtaining necessary travel
visas while in Africa. Photo is
for identification purposes,
not for qualification.

Background Check/Required Info

1. Full Name: _____
(First) (Middle Name) (Last)

Maiden Name and/or Aliases: _____

2. Current Residence: _____
(Street)

(City) (State) (Zip Code) (Country)

3. Date of Birth: _____ Age: _____ Place of Birth: _____

4. Drivers License Identification #: _____ State Issued: _____

5. Social Security #: _____

6. Name of Spouse (If applicable): _____

7. Previous Residence (s): Please put in correct USA format or your own Country's postal format.

_____ (Street)	_____ (City)	_____ (State)	_____ (Zip Code)	_____ (Dates)
_____ (Street)	_____ (City)	_____ (State)	_____ (Zip Code)	_____ (Dates)
_____ (Street)	_____ (City)	_____ (State)	_____ (Zip Code)	_____ (Dates)

8. Employment History:

_____ (Name of Business)	_____ (Title)	_____ (Dates of Employment)	_____ (Telephone)
_____ (Name of Business)	_____ (Title)	_____ (Dates of Employment)	_____ (Telephone)
_____ (Name of Business)	_____ (Title)	_____ (Dates of Employment)	_____ (Telephone)

9. Educational Background: Schools, Degrees, Certificates, etc.

10. Have you ever entered a plea of guilty or nolo contendere with respect to, or otherwise been found guilty of, a crime (including any DUI or DWI or any misdemeanor) whether or not such crime found guilty of, a crime (including any DUI or DWI or any misdemeanor) whether or not such crime has been expunged or is otherwise no longer a part of your permanent record and regardless of the form of punishment (e.g. a fine, community service, a suspended sentence or jail/prison time)? _____

**Answering yes to this question will not automatically result in the refusal of your application.*

If yes, then with respect to each such crime, attach a schedule setting forth:

- Description and date of arrest or charge
- Location and name of court
- Disposition and date of disposition

11. Three good standing character references (Not family members).

1)

Last	First	Middle
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I am personally acquainted with _____, the applicant named on this page. I have known him/her for the past ____ years to be a person of good moral character and behavior.

Nature of Relationship

Telephone #

Signature

2)

Last

First

Middle

I am personally acquainted with _____, the applicant named on this page. I have known him/her for the past ____ years to be a person of good moral character and behavior.

Nature of Relationship

Telephone #

Signature

3)

Last

First

Middle

I am personally acquainted with _____, the applicant named on this page. I have known him/her for the past ____ years to be a person of good moral character and behavior.

Nature of Relationship

Telephone #

Signature

Permission For Background Check

I hereby authorize Angels of East Africa and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences; educational background, character references, civil and criminal history records from any criminal justice agency in any or all federal, state, and county jurisdictions; child abuse records, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Angels of East Africa or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Angels of East Africa, the Social Security Administration, and its agents, officials, representatives or assigned agencies, including officers, employees, or related personal both individually and collectively, from any and all liability for damages of any kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and release of records.

I have read and certify that all the information I have given is accurate.

Signature

Date