

IROK SOLUTIONS, INC.

www.flavorsofafrica.com

We do background checks on **ALL** employees.

EMAIL: _____ DATE _____

PHONE: country code _____ number _____ Cell _____

POSITION APPLYING FOR: _____ LANGUAGE(S) SPOKEN _____

IROK DIVISION (CHECK ONE): Flavors of Africa Sheba Foods Sheba Travel Retail/Showroom Online Sales

DATE AVAILABLE TO START _____ U.S. APPLICANTS, state Social Security number _____

HOW OLD ARE YOU? _____ DATE OF BIRTH _____

NAME: _____
LAST FIRST MIDDLE PREFER TO BE CALLED

STREET ADDRESS: _____

CITY STATE ZIP/POSTAL CODE COUNTRY

TYPE OF EMPLOYMENT DESIRED Full-time Part-time Temporary

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No If yes, when _____
please explain _____

ARE YOU LEGALLY ABLE TO WORK IN THE U.S.? Yes No **NOTE:** You will be required to provide proof of work eligibility.

EDUCATION – please check all that applies. Which certificates or degrees do you hold?
High/Secondary school Yes No College Yes No Masters Yes No Other _____
Field: _____

DESCRIBE SPECIAL VOCATIONAL, business or other courses you have taken which relate to the job for which you are applying:

SUMMARIZE SPECIAL SKILLS, training, qualification and certifications, which relate to the job for which you are applying:

LIST PROFESSIONAL TRADE, business or civic activities and offices held:

ON THE NEXT PAGE describe your employment history beginning with your current or most recent job. You may include military, volunteer experience, and periods of employment. Failure to give complete information regarding each job held may result in your disqualification. Phone numbers for all employers are necessary. If you don't have an employment history, list three (3) references who can speak to your professional experience and/or qualifications for the job which you are applying. **DO NOT LIST RELATIVES.**

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WORK EXPERIENCE

From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor & Title		Nature of work and responsibilities	
Hourly rate or salary		Reason for leaving	

From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor & Title		Nature of work and responsibilities	
Hourly rate or salary		Reason for leaving	

From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor & Title		Nature of work and responsibilities	
Hourly rate or salary		Reason for leaving	

AUTHORIZATION TO RELEASE INFORMATION

You must sign the release statement below to enable us to contact current and/or prior employers.

I have made application for employment with IROK Solutions, Inc. I authorize my former employers to give any information regarding my employment. I hereby release them from any damage whatsoever for issuing information.

May we contact your present and/or past employer(s)? Yes No Yes No
If No, please explain _____

Date _____ Applicant's signature _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or any document submitted to support application or the omission of complete information will result in disqualification, or upon discovery, immediate termination of employment. IROK Solutions, Inc. is hereby authorized to make any investigation of my prior educational or work history.

Date _____ Applicant's signature _____