

# MARTHA EDUCATIONAL FOUNDATION

## USA OPERATION CENTER

4505 Jubilee Court  
Powder Springs GA 30127  
Ph. 404- 735- 7697



## GHANA OFFICE

Post Office Box 35  
Akosombo, Ghana  
Ph.1- 233-0244-612-263  
Accra Ph-1-233-244-835951

---

---

## APPLICATION FORM FOR MEF - SPONSORED TRAINING

### PERSONAL INFORMATION

Applicant Name \_\_\_\_\_

#### **Applicant Address and contact:**

Number and street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Male [ ] or Female [ ] Age \_\_\_\_\_ How many people in Family \_\_\_\_\_

Are you a U.S. citizen or do you have the legal right to be employed in the United States

Yes [ ] or No [ ]

Have you been convicted of a crime within the last 5 years (excluding minor traffic violations) including driving under the influence of alcohol or drugs?

Yes [ ] or No [ ]

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case.

---

---

---

**\*A conviction record will not necessarily prevent you from training. This information will be used for job-related purposes and only to the extent permitted by law.**

## EDUCATION, TRAINING AND EXPERIENCE

### High School:

School name: \_\_\_\_\_

School city, State, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N Diploma earned: \_\_\_\_\_

### College / University:

School name: \_\_\_\_\_

School city, State, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N

Degree /Diploma earned: \_\_\_\_\_

### Vocational School:

Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N Diploma earned: \_\_\_\_\_

## EMPLOYMENT HISTORY

Have you ever been employed?

### Most Recent Employment

Employer's Name \_\_\_\_\_

Employer's Telephone \_\_\_\_\_

Dates of employment \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Position Held \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Temporary work – such as summer or holiday work?  Y or  N

Regular part-time work?  Y or  N

Regular full-time work?  Y or  N

Previous Employment

Employer's name \_\_\_\_\_

Employer's Telephone \_\_\_\_\_

Dates of employment \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Temporary work – such as summer or holiday work?  Y or  N

Regular part-time work?  Y or  N

Regular full-time work?  Y or  N

Do you have any computer knowledge?  Y or  N

If yes, give a brief description

---

---

---

If selected, on what date can you start the training? \_\_\_ / \_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

Can you go for training on weekends?  Y or  N

Can you go for training in the evening?  Y or  N

If selected, do you have transportation to/from the training center?  Y or  N

**REFERENCES**

Name \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_

Years Known:

**IN CASE OF AN EMERGENCY, WHO SHOULD BE NOTIFIED?**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship \_\_\_\_\_

**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

---

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal or termination of my training.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

---