

## **FARMERS VOICE AFRICA**

(FAVOA)

## **Vacancy Application Form**

Volunteership/attachment/internship/Job

Once taken, be ready to serve a crucial role in transforming the agricultural sector and the youths. Therefore, it is very expedient for you to commit yourself to the workmanship of transformation and assert yourself as the benchmark of FAVOA.

**Take note**: Volunteership is unlike the three, as it not fulltime, hence those working are equally encouraged to join us as long as they can manage to be freeing themselves to perform duties and responsibilities for FAVOA when needs arise.

You can complete the form either electronically or in handwriting. If you fill it electronically, use the 'tab' key to move from one answer field to the next. Answer fields will expand to accommodate your answers. Please, return the completed form to the following postal address:

Attention: Human Resource Manager, Farmers Voice Africa, and P.O. Box 2374, Lilongwe, and email to: recruitment@farmersvoiceafrica.org copy to ruthimbrahim@farmersvoiceafrica.org

Or

You can also drop the application by hand @ FAVOA Secretariat: Area 8, Near Mchesi Market, along Biwi road, Plot no: 08/31.				

PERSONAL DETAILS			
SURNAME:			
First Names:			
Other names:			
Date of Birth (dd/mm/yy)	):		
Physical Address; Villag	ge:	T/A:	District:
Postal Address;			
Phone number (s)			
E-mail Address:			
Application Details			
Position applied for:			
Date of application (dd/n	nm/yy):		
How did you first learn a	bout this vacanc	cy? Please name the sp	pecific website or source.
When would you anticipe	te being able to	start work (dd/mm/yy	)?
EMPLOYMENT HISTO		e nlease provide deta	ils of any full or part time employment
(including self-employme		c, pieuse provide deid	us of any fun or part time employment
Dates (From–To):			
Employer & Location:			
Position:			
Key Responsibilities:			
Key Achievements:			

Applicant Ref. No:\_\_\_\_\_

**FAVOA Use Only** 

Reason for Leaving:	
Current Salary & Benefits:	
Dates (From-To):	
Employer & Location:	
Position:	
Key Responsibilities:	
Key Achievements:	
Reason for Leaving:	
Dates (From–To):	
Employer & Location:	
Position:	
Key Responsibilities:	
Key Achievements:	
Reason for Leaving:	
Dates (From-To):	
Employer & Location:	
Position:	
Key Responsibilities:	
Key Achievements:	
Reason for Leaving:	
PLEASE CONTINUE C	ON EXTRA SHEETS IF NECESSARY
VOLUNTARY WORK	
Starting with the most re	ecent, please provide details of any voluntary work or training placements
you think are relevant to	o this application.
Dates (From–To):	
Employer & Location:	
Position:	

Applicant Ref. No:\_\_\_\_\_

**FAVOA Use Only** 

Key Responsibilities:	
Dates (From-to):	
Employer & Location:	
Position:	
Key Responsibilities:	
PLEASE CONTINUE O	N EXTRA SHEETS IF NECESSARY
QUALIFICATIONS & T	TRAINING
•	cent, please provide details of any education and/or training (including ave completed or are currently undertaking.
Dates (From – To):	
Educational Institution:	
Results/Qualification:	
Dates (From – To):	
Educational Institution:	
Results/Qualification:	
Dates (From – To):	
Educational Institution:	
Results/Qualification:	
Dates (From – To):	
Educational Institution:	
Results/Qualification:	
Dates (From – To):	
Educational Institution:	
Results/Qualification:	
DI EASE CONTINUE O	IN EXTRA SHEETS IF NECESSARV

PROFESSIONAL BODIES						
PLEASE LIST MEMBERSHIP OF ANY PROFESSIONAL BODIES						
Languages (Written &	Spoken)- (	Tick where	applicable	)		
MOTHER TONGUE	MOTHER TONGUE					
OTHER LANGUAGE(S)	Basic Knowledge		Working Knowledge		Fluent	
Please list	Written	Spoken	Written	Spoken	Written	Spoken
1.						
2.						
3.						
4.						
5.						
			L			
ADDITIONAL INFOR	2 M A TION					
In this section, we wou		to give you	r reasons fo	or applying	to work wit	h FAVOA and for
applying to this particuspecification, please in						
specification, piease in	aicaie wna	ι επρεπεπο	e, skiiis ana	imieresi yo	u would bri	ing to the post.

REFERENCES	
Please give the names and contact details of t employer. We will not contact them without y	wo referees, one of whom should be your present your prior consent.
Referee 1:	Referee 2:
Name:	Name:
Job Title:	Job Title:
Capacity in which they know you:	Capacity in which they know you:
Address:	Address:
Telephone Number:	Telephone Number:
Email Address:	Email Address:
Referee 3:	
Name:	
Job Title:	

Applicant Ref. No:	_	FAVOA Use Only
Thank you for your interest application form.	to work wit	h FAVOA and for taking time to fill out this
		owledged. However, you will then only hear from his form doesn't have closing date.
Signature:		
Name: Date:		
correct and can be treated as pa		
	ou are shortli	tes meeting selection criteria who have a disability or sted and you consider yourself to have a disability or s, please let us know.
A conviction will not necessaril into consideration when assessin		u from employment with FAVOA, but will be taken ility for this particular position.
(Tick as appropriate)		
Do you hold any unspent convictions?	Yes  No	
Email Address:		
Telephone Number:		
Address:		
Capacity in which they know you	u:	