

ACCRA TECHNICAL UNIVERSITY - GHANA

APPLICATION FORM

This Application Form (when fully completed) should be forwarded (with two (2) hard copies required) together with **two** passport size photographs and a comprehensive **CV** to: **The Registrar, Accra Technical University, P. O. Box GP 561, Accra, West Africa**

| Application for Appointment as (please indic | | | | | | |
|--|----------------|--------------|---------------------------------|-------------|--|--|
| (1) Personal Particulars - Surname (Block Lett | | | | | | |
| Other Names: | | | | | | |
| Present Address: | | | | | | |
| Age: | | | n: | | | |
| Email: | | | | | | |
| Tel.: | | | | | | |
| Place of Birth | | Home Towr | ١ | | | |
| Region: | | Nationality: | Nationality: | | | |
| Religion (if any) | | Denominati | on | | | |
| If naturalized citizen, give number & date of | | | | | | |
| 1 | | | n Date(s) and Place(s) of Issue | | | |
| (2) Education | / = | | | | | |
| (a) School(s) attended – Secondary / Co | mmercial / Tec | | | | | |
| Secondary / Commercial / Technical | From | То | Programmes / Subje | cts Studied | | |
| | | | | | | |

| (b) University or Other Similar Ins | titution attended | | | | |
|-------------------------------------|--|-----------------------|----------------|---|--|
| University / Similar Institution | From | Date From To | | Programmes / Subjects Studied | |
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| (c) Qualifications with detailed Pa | rticulars: When & V | Where obtained; | | | |
| Cartificates Assembled | Year | , | Mana Obtainad | Details of Examinations Resu | |
| Certificates Awarded | Obtained | \ | Vhere Obtained | (Class, Distinctions, etc.) | |
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| | | | | Such assessed the study design of the study | |
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| December Francisco | | _ | | | |
| Record of Employment | 0.1 | | | | |
| [i] Present Employment - Present | Salary | | | Salary Scale | |
| Institution and Address | 6 | Date of Assumption | | Position held, Work involved, and Subject taught if relevant | |
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| lame of Head of Dept./Institution: | | | | | |
| ddress: | | | | | |
| | | | | | |
| i] Previous Employment(s) | | | | | |
| | | D | ate | | |
| Institution | and the state of t | From | То | Position Held / Reasons for Leaving | |
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| 4. (| a) D | - 3 - etails of Teaching / Research / Professional, relevant to the Post being applied for: |
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| | | |
| (| b) F | Publications: |
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| | | NERAL: |
| | a) | Have you any objections to reference being made to any of the employers named by you (including your present employer)? |
| | | |
| | b) | Have you any form of Physical Disability? Give brief details, if any. |
| | , | |
| | | |
| | | |
| | c) | Have you ever been convicted in a Court? If yes, give brief particulars of the offence. |
| | | |
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| | | |
| | d) | Are you bounded to serve in any other capacity? If so give details. |
| | | |
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| | | |
| | e) | What are your hobbies and past-times? |
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| | | |
| 6) | If A | ppointed, how soon after notification could you assume appointment? |
| | | |
| (7) | Nan | nes and Addresses of Three Referees (At least one should be a person under whom you have studied, another under whom you have worked. Names of relatives are not accepted.) |
| [1] | Nar | ne: |
| ۲۰] | | cupation: |
| | | lress: |
| | | |

| [2] | 7 Name: |
|------|---|
| | Occupation: |
| | Address: |
| | |
| | Tel: E-mail: |
| | Connection with Applicant: |
| | |
| [3 | 7] Name: |
| | Occupation: |
| | Address: |
| | |
| | Tel: E-mail: |
| | Connection with Applicant: |
| (8) | <u>DECLARATION</u> : |
| | I certify that the information given on this Form is correct. I understand that any willful misstatement renders me liable to disqualification or instant dismissal if engaged. |
| | Dela |
| | Date Signature of Applicant |
| * (0 | You may use attached sheet for further information if you quich) |

[N.B.] The Search Committee does not undertake to inform unsuccessful applicants of the reason for their rejection.

^{*(}You may use attached sheet for further information, if you wish)