**UNIVERSITY OF CAPE COAST - GHANA**

# APPLICATION FOR APPOINTMENT FORM (POSITIONS)

**PROFESSIONAL / TECHNICAL / ADMINISTRATIVE POSITIONS**

*This Application Form (when fully completed) should be forwarded (with copies required) together with* ***three*** *passport photographs to:* ***The Registrar, University of Cape Coast, Cape Coast, Ghana.***

 **Application for the post of**…………..………………………..……............................................................

 **Directorate/College:**………………………………………………………………………………………………

1. **Personal Particulars**

**Surname** (Block Letters): Prof./ Dr./ Rev./ Mr./ Mrs./ Ms.

 ………………….……………………….……………........................................................................................

Other Names: …………………………………………………………………………………………..……………..

Present Address:………………………………………………………………………………………………………

Email: ………………………………….…………………………………………………………………………………

Tel.: .………………………….…..…..…………………………………………………………………………………..

 Age: ………………..……………………………………………………………………………………………………

 Date of Birth: …………………………………………………………………………………………………………

Place of Birth …………………………………………………… Home Town ………………………..……………

Region: …………………………………………………………. Nationality: ……………………………………..

Religion *(if any)* ……………………..…………………………… Denomination …………………………………..

*If naturalized citizen, give number & date of Certificate and Name in which it was granted:*

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 Married // Single

If married, full name of Husband / Wife

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| --- | --- | --- |
| Children *(Names, Dates of Birth & Ages)*  |  |  |
|  | ***Date of Birth*** | ***Age*** |
| 1……………………………………………………… | ………………………… | ………….………. |
| 2. …………………………..…………….……………  | …………………………… | …………….…….. |
| 3.………………………………….……….………………  | …………………………… | ………….……….. |
| 4. ……………………………………………….…… | …………………………….  | ………….………..  |
| 5. ……………………………………………….…… | ……………………………  | ………….………..  |
| 6. …………………………………………………….. | ……………………………. | …………………… |
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Passport Number(s) held by Yourself, Wife/ Husband and each Child, with Date(s) and Place(s) of Issue and Date(s) of Expiry:

 **Name(s)** **Date of Issue/Place(s)** **Number(s)** **Date of Expiry(s)**

1. ……………………………………………………………………………………………………………….…………
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8. …………………………………………………………………………………………………………………………..

## 2. Education

##  (a) School(s) attended – Secondary / Commercial / Technical

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| --- | --- | --- |
| Secondary / Commercial / Technical  | Date  | Programmes / Subjects Studied  |
| From  | To  |
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###  (b) University or Other Similar Institution attended

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| --- | --- | --- | --- |
| University / Similar Institution  | Date  |  | Programmes / Subjects Studied  |
| From  | To  |
|   |   |   |   |
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###  (c) Qualifications with detailed Particulars: *When & Where obtained;*

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| --- | --- | --- | --- |
| Certificates Awarded  | Year Obtained  | Where Obtained  | Details of Examinations Results (Class, Distinctions*,* etc.)  |
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#### 3. Record of Employment

[**i**] **Present Employment**

Present Salary ………………….……… Salary Scale …………………………………..

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| --- | --- | --- |
| Name and Address of Employer  | Date of Assumption  | Position held, Work involved, and Subject taught if relevant  |
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|   |   |   |

Name of Head of Dept./ Institution: ……………………………...……………………………………………………………………..………………………..

Address: ……………………………………………………………………………………………………………………

### [ii] Previous Employment(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address of Employer  | D | ate  |  | Position Held / Reason for Leaving  |
| From  |  | To  |
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**4. (a)** Details of Teaching/ Research/ Professional/ Administrative experience, relevant to the Post you are Applying for (including Publications, if any):

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**(b)** Publications:

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#### 5. GENERAL

1. Have you any objections to reference being made to any of the employers named by you (including your present employer)?

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1. Have you ever suffered from any medical condition? Give brief details.

………………………………………………………..…………………………………………………………………

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1. Have you ever been convicted in a criminal or military court? If yes, give brief particulars of the offence.

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1. Are you bonded to serve in any other capacity? If so, give details.

………….……………………………………………..………………………………………………………………..

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1. What are your hobbies and past-times?

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1. If engaged, how soon after notification of selection could you assume duty?

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#### 6. Names and Addresses of THREE Referees

*(At least* ***Two*** *of them should be able to report on your academic/ administrative competence. Names of Relatives are not accepted).*

1. Name: ………………………………………………………………………………………………………………….

Occupation: ……………………………………………………………………………………………………………

Address: …………………………………….………………………………………………………………………….

 Tel: …………………………………………………………………… E-mail: ………………………………………

Connection with Applicant: …………………………………………………………………………………………….

1. Name: ………………………………………………………………………………………………………………….

Occupation: ……………………………………………………………………………………………………………

Address: ………………………………………………………………….……………………………………………

 Tel: …………………………………………………………………… E-mail: ……………………………………

 Connection with Applicant: ……………………………………………………………………………………………

1. Name: …………………………………………………………………………………………………………………. Occupation: ……………………………………………………………………………………

Address: …………………………………………………………………….………………………………………….

 Tel: …………………………………………………………………… E-mail: ………………………………………

 Connection with Applicant: ……………………………………………………………………………………………

**7. DECLARATION**:

 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.

  **…………………………………………………………** Date **…………………**

 Signature of Applicant

\*(You may use attached sheet for further information, if you wish)

 ***[ N.B.]******The Vice Chancellor does not undertake to inform unsuccessful applicants of the reason for their rejection.***

**PART II**

 *If you are in the Government or other Public Service, this FORM must be sent through your Head of Department who should complete the portion below.*

## (To be completed by Head of Department concerned)

**8.** I **consider** / **do not consider** the Candidate to be qualified in terms of the advertisement. I **recommend**/ **do not recommend** him /her for the vacancy. My reasons are given below:

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 Singed: ………………………………………………. Date: ……………… Head of Department