



CAPE COAST TECHNICAL UNIVERSITY

EMPLOYMENT APPLICATION FORM 1A

SENIOR MEMBER (ACADEMIC)

Ten copies of the Application Form (1 original) should be completed and forwarded together with passport size photograph and copies each of your transcripts and certificates to the **REGISTRAR, CAPE COAST TECHNICAL UNIVERSITY, CAPE COAST**

Application for Appointment as
(Rank)

In.....
(Specialisation)

1. PERSONAL PARTICULARS

Surname (BLOCK LETTERS)

Other Names:

Former Name (if any):.....

Present Address

.....

Phone Number(s)

E-Mail Address

Age Date of Birth

Place of Birth Home Town

Nationality and how acquired

Ghana Card No..... SSNIT No.....

If naturalized citizen, give number and date of certificate and name in which it was granted

Married or Single

If married, name of Husband/Wife

Children (Name and Ages)

.....

.....
.....
Passport number (s) held by yourself and place of issue
.....

2. **EDUCATION AND QUALIFICATIONS**

(a) Pre-Tertiary Education - School(s) attended Secondary, Commercial, Technical Institute

School/Institute	Date (From-To)	Details of Examination Results	
		Certificates Awarded	Subject Studied

(b) University/Polytechnic/College

School/Institute	Date (From-To)	Details of Examination Results	
		Certificates Awarded & Class	Major Subject Studied

--	--	--	--

3. **RECORD OF EMPLOYMENT**

(a) Present Employment

Present Position Rank Present Salary

Date of Assumption	Name and Address of Employer	Position (s) held	Work Involved

Name and address of Head of Department/Immediate Supervisor

.....

.....

b) Previous Employment(s)

Name and Address of Employer	Date (From-To)	Position held and work involved /Subject taught	Reasons for leaving

--	--	--	--

4. **DETAILS OF PUBLICATIONS** –Indicate title and date (Complete as applicable)

a. Books

b. Refereed Journals

c. Conferences attended and papers presented

d. **Unpublished papers accepted for publication in refereed journals.** Evidence of acceptance must be provided

e. Thesis/Dissertation

5. **GENERAL**

(a) Names of learned or professional association of which you are a member

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

- (c) Have you ever suffered from any physical disability including nervous trouble such as nervous breakdown or strain, however slight?
- (d) Have you ever been convicted in a criminal or military court? If yes, give brief particulars of the offence
- (e) Are you bonded to serve in any other capacity? If so give details
- (f) What are your hobbies and past-times?
- (g) If engaged, how soon after notification of selection could you assume duty?

6. Names and Address of Two Referees, at least one should be a person under whom you have studied and another under whom you have worked.

- i. Name:
Occupation/Status:
Address:
.....
Connection with Applicant:
- ii. Name:
Occupation/Status:
Address:
.....
Connection with Applicant:

7. DECLARATION:

I certify that the information given on this form is correct. I understand that any wilful misstatement renders me liable to disqualification or instant dismissal if engaged.

SIGNATURE OF APPLICANT

DATE

.....

.....

NB: The University Registrar does not undertake to inform unsuccessful applicants of the reason for their rejection.

PART II (OFFICIAL USE ONLY)

(To be completed by Head of Department concerned)

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:

Signed:

Date: