



CAPE COAST TECHNICAL UNIVERSITY

EMPLOYMENT APPLICATION FORM 1D

JUNIOR STAFF

Six copies of the Application Form 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 (please indicate the post and subject of interest)

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1. **PERSONAL PARTICULARS**

Surname (BLOCK LETTERS)

Other Names:

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

Present Address

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Phone Number(s)

E-Mail Address

Age Date of Birth

Place of Birth Home Town

Nationality and how acquired

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)

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

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2. **EDUCATION**

School(s) attended Secondary, Commercial, Technical Institute

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

3. **RECORD OF EMPLOYMENT**

(a) Present Employment

Present Position Rank Present Salary

Name and Address of Employer	Date of Assumption and Promotions	Positions held/ Ranks or Promotions Involved

Name and address of Head of Department/Immediate Supervisor

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b) Previous Employment(s)

Place of Work/ Employer	Date		Position
	From	To	

4. 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:
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- Connection with Applicant:

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

SIGNATURE OF APPLICANT

DATE

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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: