CAPE COAST TECHNICAL UNIVERSITY



EMPLOYMENT APPLICATION FORM 1D JUNIOR STAFF

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

	cation for Appointment as
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	ON								

School(s) attended Secondary, Commercial, Technical Institute

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

(a)	Present Employment	
	Present Position Rank	Present Salary

3.

RECORD OF EMPLOYMENT

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

Place of Work/	Da	ate	Position		
Employer	From To		Position		
Occupation (Chature	·	whom you hav	ve worked.		
Address: Connection with Applic					
Name: Occupation/Status:					
Occupation/Status:					

4.

Name and address of Head of Department/Immediate Supervisor

5.	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 dismis					
	if engaged.					
	SIGNATURE OF APPLICANT	DATE				
	PART II (OFFICI	AL USE ONLY)				
	(To be completed by Head o	f Department concerned)				
I cons	sider/do not consider the candidate to b	e qualified in terms of the advertisement.				
I reco	mmend/do not recommend him/her for	the vacancy. My reasons are given				
below	:					
Signe	d:	Date:				