

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)

	<u>Date of Birth</u>	<u>Age</u>
1.....		
2.		
3.....		
4.		
5.		
6.		

Passport Number(s) held by Yourself, Wife/ Husband and each Child, with Date(s) and Place(s) of Issue and Date(s) of Expiry:

<u>Name(s)</u>	<u>Date of Issue/Place(s)</u>	<u>Number(s)</u>	<u>Date of Expiry(s)</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

2. Education

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

Secondary / Commercial / Technical	Date		Programmes / Subjects Studied
	From	To	

(b) University or Other Similar Institution attended

University / Similar Institution	Date		Programmes / Subjects Studied
	From	To	

(c) Qualifications with detailed Particulars: *When & Where obtained;*

Certificates Awarded	Year Obtained	Where Obtained	Details of Examinations Results (Class, Distinctions, etc.)

3. **Record of Employment**

[i] **Present Employment**

Present Salary Salary Scale

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

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	

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

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

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(b) Have you ever suffered from any medical condition? Give brief details.

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

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(d) Are you bonded 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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(f) 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:

[2] Name:
Occupation:
Address:
Tel: E-mail:
Connection with Applicant:

[3] 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.

.....
Signature of Applicant

Date

*(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:
Head of Department

Date: