**DR HILLA LIMANN TECHNICAL UNIVERSITY**

**JOB APPLICATION FORM (NON-TEACHING STAFF)**

P. O. Box 553, Wa - UW/R. Tel: …………………… Website: [www.wtu.edu.gh](http://www.wtu.edu.gh)

Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Position Sought*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Subj. Area***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form should be completed and returned in soft copy to the Registrar, Dr. Hilla Limann Technical University on the email: **hr@wtu.edu.gh**

**PERSONAL INFORMATION**

## Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  *Surname First Name Other Names*

## Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  *Place/Institution Box City/Town Street*

## Contact Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  *Telephone Mobile Email*

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSNIT No:­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (dd/mm/yyyy)

**GENERAL INFORMATION**

Are you currently employed? Yes No

Type of employment Desired: Full-Time Part-Time Temporary

**Criminal Record**: Have you ever been convicted of any criminal offence? Yes No

If yes, give details:

**EDUCATION AND QUALIFICATION**

*Institution/School(s) attended with dates:*

|  |  |  |
| --- | --- | --- |
| **INSTITUTIONS/SCHOOLS** | **DATES** | **DETAILS OF EXAMINATION RESULTS** |
| **From** | **To** | **Certificate Awarded** | **Specialization** |
|  |  |  |  |  |
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**Please list your areas of high proficiency, special skills or other items that contribute to your ability**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT HISTORY**

|  |  |  |
| --- | --- | --- |
| First Employer: | Tel: | From  |
| Address: | To |
| Job Title: |
| Specific Duties (maximum 1000 characters) |
| ***Reason for leaving:*** | May we contact the employer: Yes No |

|  |  |  |
| --- | --- | --- |
| Second Employer: | Tel: | From  |
| Address: | To |
| Job Title: |
| Specific Duties (maximum 1000 characters) |
| ***Reason for leaving:*** | May we contact the employer: Yes No |

|  |  |  |
| --- | --- | --- |
| Third Employer: | Tel: | From  |
| Address: | To |
| Job Title: |
| Specific Duties (maximum 1000 characters) |
| ***Reason for leaving:*** | May we contact the employer: Yes No |

REFERENCES

Names and Address of THREE referees, (Academic, employer and other)

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

Occupation…………………………………………………………………………………………

Address……………………………………………………………………………………………..

Telephone……..……………………………………………………………………………………

Email:………………………………………………………………………………………………

Relationship with applicant………………………………………………………………………..

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

Occupation…………………………………………………………………………………………

Address…………………………………………………………………………………………….

Telephone……..……………………………………………………………………………………

Email:………………………………………………………………………………………………

Relationship with applicant…………………………………………………………………………

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

Occupation…………………………………………………………………………………………

Address…………………………………………………………………………………………….

Telephone……..……………………………………………………………………………………

Email:………………………………………………………………………………………………

Relationship with applicant…………………………………………………………………………

**DECLARATION**

I certify that the information given on this form is correct. I do also understand that, if later, any information provided by me is confirmed to be false, my employer will reserve the right to terminate my appointment.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*