

SUNYANI TECHNICAL UNIVERSITY



SUNYANI, GHANA



FORM A1

**APPLICATION FORM FOR EMPLOYMENT
(SENIOR STAFF AND SENIOR MEMBERS)**

This form is to be completed and returned (2 copies) to the Registrar, Sunyani Technical University, Sunyani, Brong Ahafo Region.

Application for Appointment as.....in the Department of.....

(State clearly the post for which application is being made)

1. PERSONAL PARTICULARS:

(a) Surname (Miss/Mrs./Mr./Dr/Prof.).....
(USE BLOCK LETTERS)

(b) First or other Names.....

(c) Present Address in full.....
.....

(d) Telephone No.....email address.....

(e) Next of Kin.....Relationship.....
Address (Phone/Mobile Number).....
.....email.....

(f) Nationality:

i. Nationality at birth (if different).....

ii Surname at birth (if different).....

iii If naturalized citizen, give number and date of certificate
.....

iv Aliens registration number.....

(g) Date and place of birth.....

(Date of birth once given shall not be subject to any amendment(s) in future for any reason whatsoever)

(h) Hometown.....

(i) Marital Status (Married, Single or Widow/Widower).....

(j) Full name and nationality at birth of:

i Father.....Nationality.....

ii. Mother (Maiden name).....Nationality.....

iii. Husband/ Wife (Maiden name).....Nationality

(j) Names of children and their ages

.....
.....
.....
.....

2. EDUCATION

(a) Where educated

| Primary/ Secondary/ College/Polytechnic/University | Dates | |
|--|-------|-------|
| | Place | Dates |
| - | | |

(b) Qualifications (degrees, certificates, diploma, with distinctions, etc.) and membership/ fellowship of professional bodies, given the date on which each was obtained: (Photocopies of certificates should be attached.

3. TEACHING/ RESEARCH/PROFESSIONAL/ INDUSTRIAL EXPERIENCE

(a) Present Employment

| Date From; To: | Name and address of employer | State (A) Position held (B) Subjects taught/Particulars of work (C) Salary |
|----------------------|------------------------------|---|
| | | (A)..... (B)..... (C)..... |

(b) Previous Employment

| Date From: To: | Name and address of Employer | State(A) Position Held (B) Subjects taught /Particulars of work (C) Full time or Part -time |
|----------------------|---------------------------------|--|
| | | (A)..... (B)..... (C)..... (D) Reasons for leaving |
| | | (A)..... (B)..... (C)..... (D) Reasons for leaving |

(c) State Further Details of Teaching/ Research/Professional/ Industrial Experience.

4. PUBLICATION/ INVENTIONS/EXHIBITIONS/ DESIGNs etc (With Dates)

5. THE SPACE BELOW MAY BE USED FOR ANY ADDITIONAL INFORMATION YOU WISH TO GIVE.

6. REFERENCES

Names and Address of THREE references, at least one should be a person under whom you have studied and one under whom you have worked:

- i. Name.....
Occupation/Status.....
Address.....
Relationship to applicant.....
- ii. Name.....
Occupation/Status.....
Address.....
Relationship to applicant.....
- iii Name.....
Occupation/Status.....
Address.....
Relationship to applicant.....
.....

7 I certify that all the information given on this form is correct. I understand that concealment of any facts or declaration of any intentional false statement(s) will be considered sufficient grounds for non – employment or for subsequent dismissal

.....
SIGNATURE OF APPLICANT

Date.....

