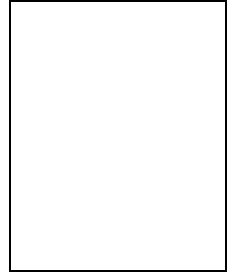


UNIVERSITY OF HEALTH AND ALLIED SCIENCES

APPLICATION FOR JUNIOR AND SENIOR STAFF POSITIONS

This form is to be completed and returned together with an updated CV, one passport photograph, copies of all educational and professional certificates, as well as any ONE of the following: National ID, Health Insurance, Voter's ID, Birth Cert., Valid Passport to:

**The Registrar,
University of Health and Allied Sciences,
P. O. Box PMB 31, Ho, Volta Region.**



Application for appointment as.....
(State clearly the post for which application is being made)

IN THE DEPARTMENT/ORGANIZATION.....

1. PERSONAL PARTICULARS:

(a) Surname: (Mr./Mrs./Miss)

(BLOCK LETTERS)

(b) First Names:

(c) Former names (if any)

(d) Present Address in full.....

(e) Telephone No.....email.....

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

(g) Nationality.....Home Town.....

(i) Are you single or married?

(j) Name of spouse.....

(k) Number of children (if any). To be supported by copy of birth certificate

Child's name/Date of birth	Child's name/Date of birth

2. EDUCATION AND TRAINING

(a) Where Educated:

Primary/Secondary/University	Dates	
	From	To

(b) Qualifications, etc. (giving the dates on which each was obtained)

.....

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.....

.....

3. PREVIOUS EMPLOYMENT

Dates		Name and Address of Employer	Position Held	Salary
From	To			

If you have ever been employed by any Public University or by the Government of Ghana, state reasons why you left:

.....

.....

.....

.....

4. PRESENT EMPLOYMENT (If currently employed)

Date Employed:
Name of Employer:
Address of Employer:
Position Held: Salary:
If retired, state date of retirement:

5. NAMES AND ADDRESSES OF TWO REFEREES (At least one must be your previous employer)

Note: Addresses of referees must include phone numbers and emails to ensure they can be contacted.

(i).....
.....
.....
(ii).....
.....
.....

6. CRIMINAL RECORD

Have you ever been convicted of a criminal offence? Yes: No:

If yes, state when and the nature of the offence:
.....
.....
.....

7. The space below may be used for any additional information you wish to give

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

8. I certify that the information given on this form is correct.

(Note Carefully: Any false information may result in disqualification of this application)

Date.....

.....
Signature of Applicant