Reference;

Name:

Pleace give details of three refrees one of whom should be your supervisor at your present or most recent place of work. Relatives are not acceptable

Relationship

| Postal Address | Phone Number | |
|---|--------------------------------------|--|
| E-mail: | | |
| | | |
| Name: | Relationship | |
| Postal Address | Phone Number | |
| E-mail: | | |
| | | |
| Name: | Relationship | |
| Postal Address | Phone Number | |
| E-mail: | | |
| | | |
| Declaration | | |
| certify that to the best of my knowladge and beli | ef, the information provided on this | |
| application form, together with any document attached is true and accurate. I understand that | | |
| giving false information or failing to disclose details will make any offer of employment | | |
| nvalid or will lead to the termination of employn | ment | |
| | | |
| Signature: | Date | |

EMPLOYMENT APPLICATION



KOMFO ANOKYE TEACHING HOSPITAL

Have you ever been convicted of a criminal offence?

If 'Yes' give details

| *Comme or excellance | | |
|----------------------|------------------------|-------------|
| | | |
| | | |
| | Passport-sized Picture | |
| Post Applied For | | |
| PART 1 | | |
| PERSONAL INFORMATION | N | |
| Name Surname | First Name | Middle name |
| Title Prof | Dr Mr. Mrs. | Miss Ms |
| Other | Specify | |
| Address | | |
| | | |
| Phone No(s) | E-mail | |
| Date of Birth: | Nationality | |

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| PART II | | | | | |
| EDUCATIONAL AND TRAINING | | | | | |
| Education Please state qualifications relevant to this post. Attach copies of Certificate to form | | | | | |
| School | From-To | Qualification Obtained | Year | | |
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| Relevant Training | D . A 1 | 1 | | | |
| Training Course | Date Attende | ea | | | |
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Have you ever been dismissed or removed or asked to resign from a job?

If 'Yes' give details

Personal Statement/Competency Record

2

This section gives you the opportunity to tell us about your skills and abilities that makes you a suitable candidate for the post. Give examples of expriences encountered in your professional life.

5

Professional License or Certificate

| | [| |
|---|--|--|
| License/Certificate | Date | |
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| D 1 1D 11' (' | | |
| Research and Publication | | |
| Please give details of your reseach and publica | tions (you may continue on additional sheet) | |
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PART III

EMPLOYMENT HISTORY (Please start with the most recent)

| From Month/Year | To Month/Year | Address & Name of Employer | Position held, describe main duties and reasons for leaving |
|--------------------|------------------|-------------------------------|---|
| | | | Position: |
| | | | Main Duty: |
| | | | Reason for leaving: |
| | | | Position: |
| | | | Main Duty: |
| | | | Reason for leaving: |
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| | | | Position: |
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| | | | Reason for leaving: |
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| | | | Position: |
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| | | | Reason for leaving: |
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