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**DR. Hilla LIMANN TECHNICAL UNIVERSITY**

**JOB APPLICATION FORM (TEACHING STAFF)**

P. O. Box 553, Wa - UW/R. **Tel**: 0392097532 / 0392097530 **Website**: <https://dhltu.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 via the email: [dir.hr@dhltu.edu.gh](mailto:dir.hr@dhltu.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:

**EDUCATIONAL PROFILE**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INSTITUTIONS/SCHOOLS** | **DATES** | | **DETAILS OF EXAMINATION RESULTS** | |
| **From** | **To** | **Certificate Awarded** | **Specialization** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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 | |

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|  |  |  |  |
| --- | --- | --- | --- |
| 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 | |

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**RESEARCH AND PUBLICATIONS**

Articles **(**Title of articles, journal name with pages and dates)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Books (Title of books with date) and date(s) of publication)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****Research Undertaken:

****Research Topic

1.

2.

3.

4.

5.

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**REFEREES**

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

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

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

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

Telephone:………………………………………………………………………………………….

E-mail……………………………………………………………………………………………….

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

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

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

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

Telephone:……………………………………………………………………………………….

E-mail……………………………………………………………………………………………….

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

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

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

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

Telephone:…………………………………………………………………………………….

E-mail……………………………………………………………………………………………….

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*