



AsanSka University College OF DESIGN AND TECHNOLOGY

Location: AsanSka House 648/4 Royalt Castle Road, Kokomlemle - Accra
P. O. Box AN 7675, Accra Tel: Tel: 030 222 6719, 0540 124488, 0540 124400
Email: info@aucdt.edu.gh; admissions@aucdt.edu.gh

AUCDT DHR APPLICATION FORM

CONFIDENTIAL

For Senior Member Academic/Professional, Technical and Administrative Positions.

A copy of this form should be downloaded and completed; six (6) photocopies should be made after completion.

Also, applicant should attach to each of the completed forms an updated curriculum vitae, photocopies of certificates and forwarded together with three sealed referees' reports to:

*The Registrar
AsanSka University College of Design and Technology
Post Office Box AN 7675
Accra, Ghana.*

AFFIX A
PASSPORT-SIZE
PHOTOGRAPH HERE

Application for employment as:

(Please state clearly the post being applied for)

in/of (if a lecturer):

(Subject of interest/area of specialization)

in the:

(Please state specific department/section/unit)

I. PERSONAL PARTICULARS:

1A. Details

Title: Mr/Miss/Mrs./Dr./Prof. Surname: First Name:

Other Names:

Current Address, in Full:

Address 1: Address 2:

City/Town: Country: Postal Code:

Email: Telephone No.:

Nationality: Hometown:

Nationality at birth (if different): Surname at birth (if different):

Date of Birth: Place of Birth:

Marital Status: Name of Spouse:

No. of Children:

1B. Children *(Please provide names and birthdates of all children)*

CHILD No.	LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER (F/M)

2. EDUCATION AND QUALIFICATIONS**2A. Pre-Tertiary Education:** *Secondary school, technical school, commercial school, vocational, etc.*

NAME	LOCATION/COUNTRY	DATE (FROM/TO)	CERTIFICATES	SUBJECTS

B. College/Tertiary Education:

NAME	LOCATION OR COUNTRY	DATE (FROM/TO)	CLASS OF DEGREE AND DISTINCTIONS, ETC.	DETAILS OF EXAMINATIONS PASSED

3. EMPLOYMENT

3A. Previous Appointments *(other than teaching)*

DATE (FROM)	DATE (TO)	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	REASONS FOR LEAVING

3B. Previous Teaching Appointments

INSTITUTION	DATE (FROM)	DATE (TO)	FULL/PART-TIME	SUBJECTS TAUGHT AND AT WHAT LEVEL

3C. Present Employment

NAME AND ADDRESS OF EMPLOYER	DATE OF ASSUMPTION	POSITION HELD

4. PUBLICATIONS

4A. Books (Please indicate author, date, title of publisher and publishing firm. Use the APA referencing style.)

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

4B. Articles (In refereed journals, indicating names of journal, chapter contribution, date and pages.)

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

4C. Conferences attended and Papers presented

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

4D. Unpublished Papers accepted for publication in referred journals. Evidence of acceptance must be provided.

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

5. REFEREES *(At least two of them should be able to report on your academic/administrative competence.
Names of relatives are not allowed.)*

LAST NAME	FIRST NAME	STREET ADDRESS	TOWN	TELEPHONE

6. GENERAL *Complete as applicable.*

6A. Names of learned or professional association of which you are a member.

6B. Indicate other subject areas in which you are qualified to teach.
(Preference will be given to applicants who can teach more than one subject area)

6C. Do you have you any objection to reference being requested from any of the employers named by you
(including your present employer)?

6D. Have you ever been convicted in a criminal or military court? If yes, give brief particulars of the offence.

6E. Are you bonded to serve in any other capacity? If so give details.

6F. What are your hobbies and past-times?

6G. If engaged, how soon after notification of selection could you assume duty?

7. DECLARATION

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

Remarks

Note: The Registrar does not undertake to inform unsuccessful applicants of the reason for their rejection.

Date Received

Shortlisted:

☐☐

Yes

No