

# Application for Employment

Position Applied for (Ref No.) :	Dated :
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## Personal Information

<b>Last Name</b>		<b>First</b>		<b>Middle</b>					<b>Please place a recent Photo here</b>
<b>Sex</b>	<b>Age / Date of Birth</b>	<b>Marital Status</b>		<b>How do you come to work</b>					
				Bus	Car	Bike	Walk	Taxi	
<b>Nationality</b>	<b>Number of Children</b>	<b>Child Care Arrangements</b>							
<b>In case of an emergency who do we contact ?</b>						<b>Spouse Occupation</b>			
<b>Present Address</b>						<b>How long at present address?</b>			
<b>Permanent Address</b>						<b>Home Telephone</b> (      )			
						<b>Alternate Telephone</b> (      )			
<b>Previous Address</b>						<b>Salary Desired</b>			
<b>Special Training or skills (computer experience, etc.)</b>						<b>Date available</b>			
<b>Are you applying for full time, part time or casual work:</b>						<b>Driving License</b>			
<b>Are you legally eligible for employment in Ghana ?</b>						<b>Social Security Number:</b>			

## Education History

	Name & Location of Institution	No. Years Attended	Diploma or Degree Received	Subjects Studied
<b>High School</b>				
<b>College</b>				
<b>Other Education</b>				
<b>Language(s) Spoken</b>				

## Medical History

How is your Health ?	Describe any Medical/Physical Problems that may inhibit you in the execution of the Post Applied for
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## Other Qualifications

List any Professional Licenses or Certifications you hold:

Describe any other training, study, or work experience relevant to the position for which you are applying:

## Employment History

Present or Most Recent Employer	Telephone (required for verification) ( )
Address	Employed (month and year) From _____ To _____
Supervisor Name / Title	Salary: Start Last
Job Title Description of Duties	Reason for Leaving  May we contact them? Y / N

Previous to above Employer	Telephone (required for verification) ( )
Address	Employed (month and year) From _____ To _____
Supervisor Name / Title	Salary: Start Last
Job Title Description of Duties	Reason for Leaving  May we contact them? Y / N

List relatives and friends who are currently employed or have been previously employed by this company.

Name:  
Relationship:

Name:  
Relationship:

Have you ever been convicted of a criminal offense? Y N  
If yes, describe in full:

Do you accept work on Shifts/Split Duties ?	Yes	No
Do you accept to work over time when required	Yes	No
Do you accept to work a six day (48 hour week)	Yes	No

Membership in Professional or Civic Organizations

### Personal and Professional References

Name / Title	Organisation / Address	Telephone	Years known

I certify that the information above is correct.

Signature : .....

Dated : .....

### Hotel Use Only

References checked:	Yes	No		Dated :
Result of interview:				
Applicant to start employment on:			Salary :	
Applicant to start employment as:				
HR Assistant	Department Manager		General Manager	