

**UNIVERSITY OF BENIN TEACHING HOSPITAL
P.M.B. 1111, BENIN CITY**

CONFIDENTIAL

APPLICATION FORM

Application for the post:.....

In the Department of:.....

1. Name in full: Surname.....

Other Name:.....

Maiden Name:.....

2. Date of Birth:.....Sex.....

Place of Birth:.....

3. State of Origin:..... Local Govt. :.....

Nationality:.....

4. Marital Status:.....

5. Number of Children with Ages:.....

6. Postal Address.....

.....

.....

G. S. M. number.....Email.....

7. Residential Address:.....

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8. Permanent Home Town Address:.....

.....

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9. Next of Kin: (1) Name:.....

Address:.....

Relationship:.....

(2) Name:.....

Address:.....

Relationship:.....

10. INSTITUTIONS

Please state names of Schools/Colleges attended:-

School	Date Entered	Date Left	Qualification obtained with date

11. DETAILS OF PROFESSIONAL QUALIFICATION /TRAINING:

Please state names of Hospital, Colleges or Institutions attended

Qualifications	Certificate No.	Date Obtained	Name and Address of Training School/Institution

12. If you were sponsored for a course state whether you have been released from bond by your sponsor, Yes/No.

13. Present Appointment:.....

Salary.....

Name of Employer:.....

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14. Nature of present duties and responsibilities:.....

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15. Reason(s) for wishing to leave present employment

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16. Previous Appointments (with dates of commencement and leaving)

Employing Authority	Post Held	From	To	Reason for leaving

17. Have you been convicted of any criminal offence? Yes/No

18. Have you been previously dismissed from the Public Service? Yes/No.

Has your appointment been previously terminated? Yes/No.

State details.....

NOTE : Detection of concealment of facts or falsehood in this regard, shall be sufficient grounds for Non-employment or subsequent termination of appointment without notices.

19. REFERENCE:- Give the names and addresses of three (3) referees and one of these must be the Head of your Department or Principal of the College or Dean of the University you last attended. Another must have been in professional relationship with you and can testify to your capabilities from the post sought:

Name:.....
 Position:.....
 Address:.....

Name:.....
 Position:.....
 Address:.....

Name:.....
 Position:.....
 Address:.....

20. Date upon which you can assume duty if the application is successful:

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21. Other remarks in support of your application:-

.....

Date:.....

.....
 Signature of Applicant

INSTRUCTION ON HOW TO COMPLETE THIS APPLICATION FORM

1. Applicants should attach a photocopy of all relevant certificates to the original of this form.
2. Applicants should thereafter make 10 copies of the filled form (do not attach photocopies of certificates please.)
3. Applicants should collate the 11 copies (made up of the original form and “the 10 photocopies”) which should be stapled or tied at the top left side of the form and forwarded to the Chief Medical Director, University of Benin Teaching Hospital, P.M.B 1111, Benin City, Nigeria.
4. Nominated referees must be requested to forward their confidential reports as soon as possible to the Chief Medical Director, University of Benin Teaching Hospital, P.M.B. 1111, Benin City, Nigeria.
5. The Management Board of the University of Benin Teaching Hospital is under no obligation to give reasons or enter into any correspondence as to the failure of any candidate to secure employment.