

**UNIVERSITY OF BENIN TEACHING HOSPITAL, NIGERIA.
APPLICATION FORM**

PLEASE ENSURE TO WRITE IN BLOCK LETTERS ONLY

Application for the post: _____

1. Name in full: Surname: _____

Other Names: _____

Maiden Name (optional): _____

2. Date of Birth: _____ Gender: _____

Place of Birth: _____

3. State of Origin: _____ LGA of Origin: _____

Nationality: _____ Marital Status: _____

4. Number of Children with Ages: _____

5. Postal Address: _____

GSM Number: _____ e-Mail: _____

6. Residential Address: _____

7. Permanent Home Town Address: _____

8. Next of Kin: (1) Name: _____

Address: _____

Relationship: _____

(2) Name: _____

Address: _____

Relationship: _____

9. INSTITUTIONS

Pease state name of Schools/ Colleges attended: -

School	Date Entered	Date Exited	Qualification obtained with date

10. DETAILS OF PROFESSIONAL QUALIFICATION/ TRAINING

Please state name of Hospital, Colleges or Institutions attended: -

Qualification(s)	Certificate No.	Date Obtained	Name and Address of Training School/ Institution

11. If you were sponsored for a course, state whether you have been released from bond by your sponsor (YES/ NO).

12. Present Appointment: _____

Salary: _____

Name of Employer: _____

13. Nature of present duties and responsibilities: _____

14. Reason(s) for wishing to leave present employment: _____

15. Previous Appointment (with dates of commencement and exiting).

Employing Authority	Post Held	From	To	Reason for leaving

16. Have you been convicted of any criminal offence? (YES/ NO).

17. Have you been previously dismissed from the Public Service? (YES/ NO).

Has your appointment been previously terminated? (YES/ NO).

If YES, please state in details: _____

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

18. **REFERENCES:** - Give the names and address of three (3) referees; one of these must be the Head of your Department 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: _____

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

20. 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 13 copies of the filled form (do not attach photocopies of certificates please).
3. Applicants should collate the 14 copies (made up of the original form and the '13 photocopies') which should be stapled or tied at the top left side of the form and forwarded to the Human Resources Department, University of Benin Teaching Hospital, PMB 1111, Benin City, Nigeria.
4. Nominated referees must be requested to forward their confidential reports as soon as possible to the Human Resources Department, University of Benin Teaching Hospital, PMB 1111, Benin City, Nigeria.
5. The Management Board of the University of Benin Teaching Hospital is under no obligation to give reasons or enter any correspondence as to the failure of any candidate to secure employment.