

PART II: DETAILS OF EDUCATIONAL QUALIFICATIONS

(Attach photocopies of certificates obtained while originals should be brought to the interview).

11. Secondary Schools Attended From To

Certificate obtained: (State clearly the subjects offered, the grades obtained and the grading where applicable).

Subject Offered	Grade of Pass
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

12. Higher Institutions (University/Polytechnics etc).

Names of Institution(s)	From	To		
	Month	Year	Month	Year
.....
.....
.....

Degrees obtained: (State clearly the subject area, class, distinction or other honours, and the date each degree was awarded).

.....

 Certificates, Diplomas or Advanced Degrees obtained (in each case the level or class of Certificate, Diploma or Subject area in the case of Advanced Degree and date each was awarded.

PART III: DETAILS OF PREVIOUS EMPLOYMENT

List hereunder beginning from your current employment. ALL jobs stating dates, positions held; salary and reasons for leaving where applicable.

13.

<i>NAME OF ORGANISATION</i>	<i>DATES POSITION HELD</i>	<i>SALARY</i>	<i>REASON FOR LEAVING</i>

Do you object to contact being made with your present employee(s)? YES/NO

If YES, state reason(s).....

14. **PART IV: REFERENCES**

Give the names, address and occupation of THREE (3) personal references (not relations) to whom you are well known. They must include at least a former teacher or Head of Department and you should request them to forward a reference's report directly to the CHIEF MEDICAL DIRECTOR (prior consent of the referees must have been obtained).

(i) Name:.....

Address:.....

.....

Occupation:.....

(ii) Name:.....

Address:.....

.....

Occupation:.....

(iii) Name:.....

Address:.....

.....

Occupation:.....

I, declare that the foregoing information is to the best of my knowledge and belief, complete and correct and that I have not suppressed any information about myself which might influence the Management Board in considering this application. I also agree that any information given by me but later found to be false should lead to the termination of my employment at any time.

Date:.....

Signature of Applicant:.....

NOTE: Completed Application form should be attached with photocopies of relevant credentials and thereafter submitted to:

Chief Medical Director,
Olabisi Onabanjo University Teaching Hospital,
P.M.B. 2001
Sagamu.

<u>FOR OFFICE USE ONLY</u>
<i>Receipt No:</i>
<i>Date Rec'd:</i>
<i>Officer's Sign:</i>
<i>Forwarded to:</i>