

# OLABISI ONABANJO UNIVERSITY TEACHING HOSPITAL,

P.M.B. 2001, SAGAMU



## APPLICATION FORM FOR EMPLOYEMENT (JUNIOR STAFF)

POSITION APPLIED FOR:

### PART I PERSONAL PARTICULARS

1. Name of Applicant:.....  
SURNAME (BLOCK LETTERS)  
Other Names:.....
2. Sex:..... Date of Birth:..... Age:.....
3. Place of Birth:..... Nationality:.....
4. State of Origin:..... L/Govt. Area:.....
5. Present Postal Address:.....  
.....
- 6a. Present Contact Address:.....  
.....
- 6b. E-mail Address:..... G.S.M. No.:.....
7. Permanent Home Address:.....  
.....  
(N.B. Please notify any change of Address)
8. Marital Status:.....
9. Number and ages of children:.....  
Son(s).....  
Daughter(s):.....

## PART II: DETAILS OF EDUCATIONAL QUALIFICATIONS

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

10. Secondary Schools Attended

	From	To
.....		
.....		
.....		

11. 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.

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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.

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### PART III: DETAILS OF PREVIOUS EMPLOYMENT

12.	NAME OF ORGANISATION	DATES		POST HELD SALARY	REASON FOR LEAVING
		From	To		

13. 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:.....

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.

**FOR OFFICE USE ONLY**

*Receipt No:.....*

*Date Rec'd.....*

*Officer's Sign.....*

*Forwarded to:.....*