

FEDERAL TEACHING HOSPITAL

CONFIDENTIAL

P.M.B. 201, IDO EKITI, NIGERIA



**AFFIX
Passport**

APPLICATION FORM [GENERAL]

Application for the post of:.....

In the Department of:.....

1. Surname.....

Other Names:.....

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 Age(s):.....

6. Postal Address:.....

Phone Number:..... Email:.....

7. Residential Address:.....

8. Permanent Home Town Address:

9. Next of kin: Name:.....

Address:.....

Relationship:.....

10. INSTITUTIONS ATTENDED:

Name of Institution	Date Entered	Date Left	Qualification obtained with date

11. DETAILS OF PROFESSIONAL QUALIFICATION / TRAINING:

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

12. In case of sponsorship for a course, have you been released from bond by your sponsor, Yes/No?

13. Present Appointment:
 Salary :.....
 Name of employer:.....
 IPPIS number:

14. Nature of present duties and responsibilities:

.....

.....

.....

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

.....

.....

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

Employing Authority	Post Held	From	To	Reason for leaving

17. Have you ever been convicted? (Yes/No)

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

(b) Has your appointment been previously terminated? (Yes/No).....

If yes, state reason(s):.....

.....

.....

NOTE: Detection of concealment of facts or falsehood in this regard, shall be sufficient ground for non-employment or subsequent termination of appointment without notice.

19. REFERENCE:- Give the names and addresses of three (3) referees:

(i) Name:.....
Position:.....
Address:.....

.....
.....

(ii) Name:.....
Position:.....
Address:.....

.....
.....

(iii) Name:.....
Position:.....
Address:.....

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.....

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

21. Other remarks in support of your application:.....

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.....
.....

Date:.....

.....

Signature of Applicant

INSTRUCTION ON HOW TO COMPLETE THIS APPLICATION FORM

- 1. Applicant should fill five (5) copies of the application form.
- 2. Applicant should collate the 5 copies and attach photocopies of all relevant credentials/certificates which should then be stapled or tied at the top left of the form.
- 3. The completed application form should be addressed to the:

**Director of Administration,
Federal Teaching Hospital,
P.M.B. 201,
Ido Ekiti, Ekiti State**

and delivered by hand or posted to the aforementioned address, with the desired position marked in capital letters on the top left hand corner of the envelope.

- 4. Applicant must submit along with the application form, reference letters from their nominated referees.
- 5. Applicant should fill the form as applicable.

For Official Use

Application Number:

Date Submitted:

Certificate/Credential attached:

- | | |
|-------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> CV | <input type="checkbox"/> Practicing Licence |
| <input type="checkbox"/> O' Level | <input type="checkbox"/> NYSC certificate/Exemption |
| <input type="checkbox"/> First Degree | <input type="checkbox"/> Letters from Referees |
| <input type="checkbox"/> Fellowship or Postgraduate Degrees | <input type="checkbox"/> Others: State |