

# UNIVERSITY OF ILORIN TEACHING HOSPITAL

P.M.B 1459,  
ILORIN, KWARA STATE.



## APPLICATION FOR EMPLOYMENT 2018 FORM

Affix recent

Passport

Please complete this form in duplicate: attach separate sheet for additional information.

1. Post applied for: **INTERN IMAGING SCIENTIST**

Department/Unit: **DIRECTORATE OF CLINICAL AFFAIRS AND TRAINING**

### 2. PERSONAL DETAILS:

a) Surname (in capital).....

Other Names .....

b) Married or Single..... (c) Surname before marriage.....

d) Date of Birth ..... (e) Male or Female .....

f) Place of Birth.....

g) State of Origin.....Town/Village.....L.G.A.....

h) Language Spoken.....

i) Passport No..... (j) Date and place of issue of Passport.....

..... (k) Validity of Passport.....

3. Nationality.....

4. Normal place of domicile .....

*(Town and Country, Evidence may be required)*

5. Contact Address

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6. Telephone .....E-mail.....

7. Family details (Where applicable)

(a) Spouse Name (s) .....

(b) Personal Children

Name

Date of Birth

Place of residence

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8. Next of Kin and address

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9. Telephone ..... E-mail .....

10. Permanent Address (if different from 5 above)

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11. Schools attended (with dates) including Professional Training

School	Dates		Qualification and Grade in Subject taken
	From	To	
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12. University details (if any) First Degree.....

Class of Degree ..... University .....

Date .....

Other Degree ..... University .....

Date .....

13. Professional Qualification (if any) with dates

School	Dates		Qualification Obtained
	From	To	
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14. Previous appointments (place, dates of commencing and leaving)

Employer	Rank	Dates		Reason for leaving
		From	To	
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15. Present Employer

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16. Name of Employer .....

17. Date of Appointment ..... Present Salary .....

18. Present duties and responsibilities .....

19. Are you under any bond, if so state condition/nature of bond .....

20. Date on which you can assume duty if successful .....

21. Three References (Two of whom should have professional knowledge of candidate in his/her area of speciality where applicable or under whom he/she has worked.

Name	Rank	Address
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22. Have you any objection to your present employer being contacted? .....

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23. Have you ever been convicted by a law court? .....

24. Attach any other information which would assist in assessing your suitability? .....

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**25. CERTIFICATION**

a. I certify that on my honour the above information is to the best of my knowledge and belief the truth. I also understand that if the above information is discovered to be false even after I have been employed, the Board of management of the University of Ilorin Teaching Hospital reserves the right to terminate my appointment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**b. CONFIDENTIAL**

(I) To be completed by the Head of Department (where applicable) and forwarded by him (with applicant's Confidential Report) direct to the Chief Medical Director, University of Ilorin Teaching Hospital, PMB 1459, Ilorin, Kwara State, Nigeria.

(II) Can the applicant be released from his present employment without penalty? If not please give details:

Name \_\_\_\_\_

Signature \_\_\_\_\_

Rank \_\_\_\_\_

Date \_\_\_\_\_