

INSTITUTE OF LOCAL GOVERNMENT STUDIES (ILGS)

STAFF APPLICATION FORM

INSTRUCTIONS

Please answer each question clearly and completely. Read carefully and follow all directions. This form is to be completed (one copy) and returned to the Registrar, ILGS, P.O. Box LG 549, Legon-Accra. Attach Photocopies of your educational certificates and one passport sized photograph and submit.

WRITE IN INK.

Please do not write in this space

1. POST(S) APPLIED FOR: (or the position you are applying for appointment into)

PERSONAL INFORMATION

2.	3.		4.	
Title: Prof./Dr./Mr./Mrs./Ms.		Family Name		First & Middle Name
5.	6.	7.	8.	
Previous/ Maiden Name, if any		Date of Birth (dd/ mm/ yyyy)	Place of Birth	
9.		10.		11.
Sex		Nationality at Birth		Present Nationality
12.A		Social Security No.		
12.B		Bank Account Details		

CONTACT INFORMATION

13.	14.	
Permanent Address House No. Post Office Box		Current Home Telephone No.
15.	16.	
Present Address House No. Post office Box		Mobile Telephone No.
17.		
E-Mail Address		

18. EDUCATION - Give exact names of institutions and qualifications where educated: secondary school, universities, etc as they appear on certificate(s). Please do not translate or equate to other degrees.

Month/Year attended		Degrees and Academic Distinctions	Main Programme/ Course of Study	Name, Place and Country
from	to			

Please indicate if any of the studies specified above was not finished or is in progress and give reasons for any overlaps of study periods. If you wish, provide any other information regarding your education that you consider relevant:

19. EMPLOYMENT RECORD - Starting with your most recent post, list in reverse order every appointment you have had. Use a separate block for each post. (Note: This may include managerial and administrative leadership positions held; experience with Boards/ Committees; fund raising and management experience; community involvement; etc.) **If you need more space, attach additional pages of the same size.**

From	To	Exact title of your post:
		Type of business:
Name, address and phone number of present employer:		
Name and title of present supervisor:		
Have you any objections to our making enquiries of your present employer?		Yes / No
Number and kind of employees supervised by you:		Reason for leaving:
Total annual net income (after deduction of tax):		
DESCRIPTION OF YOUR DUTIES:		
From	To	Exact title of your post:
		Type of business:
Name, address and phone number of employer:		
Number and kind of employees supervised by you:		Reason for leaving:
Total annual net income (after deduction of tax):		
DESCRIPTION OF YOUR DUTIES:		
From	To	Exact title of your post:
		Type of business:
Name, address and phone number of employer:		
Number and kind of employees supervised by you:		Reason for leaving:
Total annual net income (after deduction of tax):		
DESCRIPTION OF YOUR DUTIES:		

20. RELATIONS (SPOUSE) - If you have any spouse give the following information:					
Name	Sex	Relationship	Date of Birth (Year/Month/Day)	Address	Telephone
If you wish, provide any other information regarding your spouse that you consider relevant:					

21. RELATIONS (CHILDREN) - If you have any children give the following information:					
Name	Sex	Relationship	Date of Birth (Year/Month/Day)	Address	Telephone
If you wish, provide any other information regarding your children that you consider relevant:					

22. RELATIONS (PARENTS) - If you have any parent give the following information:					
Name	Sex	Relationship	Date of Birth (Year/Month/Day)	Address	Telephone
If you wish, provide any other information regarding your parents that you consider relevant:					

23. RELATIONS (DEPENDANTS) - If you have any dependant give the following information:					
Name	Sex	Relationship	Date of Birth (Year/Month/Day)	Address	Telephone
If you wish, provide any other information regarding your dependant that you consider relevant:					

24. KNOWLEDGE OF LANGUAGES:

Please specify languages you know and indicate your level of knowledge by using the following keys: **LIMITED (LIM)** = Limited conversation, reading of newspapers, routine correspondence. **WORKING KNOWLEDGE (WK)** = Engage freely in discussions, read and write more complex material. **FLUENT (FL)** = Conducts day to day affairs in the language with extreme ease.

<u>No.</u>	<u>Language</u>	<u>Speak</u>	<u>Read</u>	<u>Write</u>
1.				
2.				
3.				
4.				
5.				

25. COMPUTER SKILLS

Please indicate and comment on your computer knowledge below. When indicating your level of knowledge, use the following keys: **FAIR** = limited experience. **WORKING KNOWLEDGE** = regular use of the software and ability to apply it to meet the requirements of the job. **PROFICIENT** = advanced user; able to perform complex tasks. If you have no knowledge of any area, leave the corresponding field blank.

26. List membership in professional societies.**27. MISCELLANEOUS**

Have you ever been arrested, indicted or summoned into court as a defendant in a criminal proceeding or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)?

Yes / No

If yes, give full particulars of each case in an attached statement.

State any other relevant facts.

28. Are any of your relatives employed by ILGS? If the answer is yes, give the following information:	Yes / No									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">Name</th> <th style="width: 20%;">Relationship</th> <th style="width: 40%;">Name of department</th> </tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </table>	Name	Relationship	Name of department							
Name	Relationship	Name of department								
Entry into the service of the ILGS may entail assignment and travel to any area of the country or the world in which the ILGS might have responsibilities. If you have any disabilities which might limit your prospective field of work or your ability to travel by air, etc., please describe:										

29. NEXT OF KIN – Please provide the following information about your next of kin:					
Name	Sex	Relationship	Date of Birth (Year/Month/Day)	Address	Telephone
If you wish, provide any other information regarding your next of kin that you consider relevant:					

30. REFERENCES - List three persons, not related to you, who are familiar with your character and qualifications. DO NOT repeat names of supervisors listed in the employment record.		
Full name	Full address, phone number and e-mail address	Business or occupation

31. APPLICANT DECLARATION & ENDORSEMENT- I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on an Application Form or other document requested by the ILGS renders a staff member of the ILGS liable to termination or dismissal.	
Date: _____	Signature: _____
N.B. You may be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the ILGS and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the ILGS	