## MINISTRY OF EDUCATION, TERTIARY EDUCATION, SCIENCE AND TECHNOLOGY MITD HOUSE, PHOENIX

## Application for Post of Library Auxiliary/Senior Library Auxiliary <u>Section A (To be filled in by Applicant)</u>

l.	Title: Mr  Mrs  Miss	Tick as	appropriate)							
	Surname: (in block letters)									
	Other Names:									
	Maiden Name (if applicable):									
2.	Date of Birth:									
3.	National Identity Card No.:									
4.	Residential Address:									
5.	Phone Numbers: Office: Home: Mobile:									
5.	Date joined Service:									
7.	Date transferred to the Permanent and Pensionable Establishment (PPE) and in what grade:									
	Date:	Grade	:							
8.	(i) Present Post held:									
	(ii) Whether casual/temporary/su	ıbstantive:								
9.	Date of present appointment /Grade:									
10.	Posting: (i) Ministry/Depatment									
	(ii) Site of Work/Schoo/Sec	ction/Divisi	n/Unit		•••					
11.	Present basic salary:									
12.	Previous appointment held in Government Service and in what grade/capacity:									
	Previous Appointment I	From	То	Ministry/Department						

			Year		
Su	bject		Grade		
	glish				
	ench		•••••		
	aths 1 /FX/G				
	ography/EVS	,	•••••		
OI	iental Language (	)	•••••		
	tailed results of Cambr nool Certificate	idge		ed results of London ( icate of Education (Or	
Year	<b>Examination Centre N</b>	No. Index No.	Year	<b>Examination Centre</b>	No. Index No
•••••			•••••		••••
	Subject	Grade		Subject	Grade
1.		•••••		•••••	•••••
2.		•••••		•••••	•••••
3.	•••••	•••••		•••••	•••••
4.		•••••		•••••	•••••
5.		•••••			•••••
6.					
7.		•••••			•••••
8.		•••••			•••••
Any otl	ner Qualifications:				
•	ence relevant to the post		·		
	e you ever been prosecu				
	give details)		_		

Educational Qualifications (Please attach copies of certificates):

13.

14.

15.

16.

## 17. IMPORTANT – PLEASE READ THE ADVERTISEMENT CAREFULLY:

Incomplete, inadequate or inaccurate filling of the form may cause the applicant's elimination from consideration. It is an offence to give false information or to conceal any relevant information. This may lead to an application being rejected or, if a candidate has already been appointed, to the termination of his appointment.

	DECLARATION							
I ,	, declare that the particu	alars in this application form	and					
in the	sheets thereto, are true and accurate to the best of my knowledge and belief and th	nat I have not willfully suppres	sed					
any m	aterial facts.							
Date:		Signature of Applicant						
Sectio	on B							
To be	filled by Head of School or Head of Division/Section/Unit where applicant	is posted						
(i)	Record of Sick Leave taken: 2021days 2022: days	2023: Days 20	)24					
(as at	date): days							
(ii)	Report on:							
	Conduct:							
	Work:							
	Attendance:							
(iii)	Whether officer has ever been assigned duties of Library Auxiliary/ Senior Library Auxiliary (Yes/No)							
	(In the affirmative, please specify period of assignment):							
Signat	ture:							
Name	(in full):							
Design	nation:	Seal of						
Date:		School/Division						
Office	Phone No:							
Sectio	on C							
To be	filled by Human Resource Division Zone where applicant is posted.							
(i) W	hether officer has been subject to disciplinary action for the past ten years: (in t	he affirmative, please give						
details	s)							
(ii) I	certify that particulars at Sections A, B and C (i) are correct.							
Signat	ture of Officer:	Seal of Human						
	(in full):	Resource Section						
Design	nation:							

Office Phone No: .....

Date: .....