

P.O. Box 14B, Nii Boiman – Accra Plaza building, Lapaz – location Email: specialworkforceandgenerals@gmail.com

Tel: 0546273149 / 0235182334

APPLICANT REGISTRATION FORM

FULL NAME	TITLE:
PHONE NUMBER:	NATIONALITY:
EMAIL:	
RESIDENTIAL ADRESS:	
POSTAL ADDRESS:	
	AGE:
PLEASE TICK AREA(S) OF INTEREST	
☐ ADMINISTRATION/SECRETARIAL/FRON	T DESK
☐ ACCOUNTING AND FINANCE	
☐ CONSTRUCTION	
☐ CONSULTANCY (PLEASE SPECIFY)☐ CUSTOMER SERVICE/CALL CENTER	
☐ DRIVERS/DISPATCH RIDERS	
□ ENGINERING/TECHNICAL	
☐ HR PERSONNEL	
☐ MANUFACTURING/PRODUCTION	TORCE
☐ MARKETING	OPKFULES
□ SALES	MORIDINGES
□ WAREHOUSING	CIAL !! SERVI
□ OTHER (PLEASE SPECIFY)	-NERAL D
PREFERRED LOCATION OF JOB:	CIAL WORKFORCE CIAL WORKFORCES ENERAL SERVICES
EXPECTED MONTHLY SALARY: FROM	TO
EDUCATIUONAL BACKGROUND	
SECONDARY:	FROMTO
QUALIFICATION:	
TERTIARY:FROM.	TO
QUALIFICATION:	
WORK EXPERIENCE	
(LIST MOST RECENT JOB)	
COMPANY:	
FROM: TO	POSITION
LAST SUPERVISOR	PHONE
REASONS FOR LEAVING	
PLEASE TICK EITHER YES OR NO	
HAVE YOU HAD ANY SURGICAL PROCEDURE IN TH	IE PASTKKL? YES NO
HAVE YOU RECEIVED COUNSELLING FOR OR TREA	TMENT OF ANY SUBSTANCE ABUSE? YES NO
DO YOU SUFFER FROM ANY AILMENT OR DISEASE	
DO YOU HAVE ANY CRIMINAL RECORD? YES	
	NO
ARE YOU A NURSING MOTHER? YES NO	
I UNDERSTAND THAT FALSIFICATION OF INFORMA	ATION IS GROUNDS FOR DISMISSAL. YES NO
SIGNATURE	DATE