

THE WEST AFRICAN EXAMINATIONS COUNCIL,
ACCRA



APPLICATION FORM – B

This Form should be completed carefully and returned directly to:

THE HEAD OF NATIONAL OFFICE
THE WEST AFRICAN EXAMINATIONS COUNCIL
P. O. BOX 917
ACCRA

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|------------------|
| POST APPLIED FOR |
|------------------|

PART I:

PERSONAL PARTICULARS

1. Name of Applicant:.....
(BLOCK LETTERS)
2. Present Address:.....
.....
3. E-mail address:.....
4. Cell Phone No..... Tel: Residence:.....
5. Hometown:.....
6. Sex:..... Age:.....
7. Place of Birth:..... Date of Birth:.....
8. Marital Status:..... Number of Children:.....
9. Are you bonded to serve any government or other employers?
Yes/No:..... If YES give details:
.....
.....
.....

PART II:

10. **DETAILS OF EDUCATION**

| School Attended (Name of Institution) | From | To |
|--|-------------|-----------|
| | | |
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| | | |
| | | |

11. **EXAMINATIONS TAKEN**

| Name of Examination and year | Index No. | Subjects Taken and Grades |
|---|------------------|--------------------------------------|
| | | |
| | | |

12. **OTHER INSTITUTIONS**

| Name of Institution | From | To | Certificates/Diplomas/ Degrees |
|---------------------|------|----|-----------------------------------|
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PART III:

13. **DETAILS OF EMPLOYMENT**

List hereunder, beginning from your current employment, ALL, organizations you have worked with, stating dates, positions held and salaries.

| Name of Organization | Dates | Position Held | Salary | Reasons for Leaving |
|----------------------|-------|---------------|--------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

14. Do you object to any contact being made with your present employers?
YES/NO

PART IV:

15. **REFERENCES**

Give the names, addresses and occupations of **TWO** Personal references (not relatives) to whom you are well known.

- (1) Name:.....
 Address:.....
 Occupation:.....

(2) Name:.....

Address:.....

Occupation:.....

NOTE: The consent of the persons named as referees should be obtained by the applicant and each referee should be requested to forward his reference to the Head of National Office, Accra.

Date:.....

.....

Signature of Applicant