

# Integrity Care Services

Head Office: Old Valley View University Campus,  
Behind Kwadaso Siloam Hospital, Kumasi - Ghana  
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Affix Passport  
picture here

## Application Form

### A. PERSONAL DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Other Name(s): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Nationality: \_\_\_\_\_ Gender: \_\_\_\_\_  
Religion: \_\_\_\_\_ Telephone No.(s): \_\_\_\_\_ WhatsApp No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Language(s) spoken: \_\_\_\_\_

### B. MARITAL DETAILS

Marital Status: \_\_\_\_\_ If married, spouse name: \_\_\_\_\_  
Spouse contact: \_\_\_\_\_ Do you have children?: \_\_\_\_\_, If yes, how many?: \_\_\_\_\_  
If single, how soon are you getting married: \_\_\_\_\_

### C. LOCATION DETAILS

Residential/GPS Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
Description to your house from a popular landmark area: \_\_\_\_\_  
\_\_\_\_\_

### D. WORK DETAILS

Why do you want to work with Integrity Care Services (ICS): \_\_\_\_\_  
\_\_\_\_\_  
How long do you intend to work with ICS? Specify: \_\_\_\_\_  
Are you currently engaged in any work? \_\_\_\_\_ If yes, specify: \_\_\_\_\_  
If short-listed, preferred region/place to work: A: Inside Kumasi  B: Outside Kumasi   
How soon can you start work? Specify: \_\_\_\_\_  
Any future plan(s) \_\_\_\_\_  
\_\_\_\_\_

**E. DOCUMENTS NEEDED AND PIN:**

Documents required: CV, Passport Picture, Ghana Card, Application letter and Filled of the forms  
Professional applicant with a registered boby must provide PIN

**F. INFORMATION ABOUT ICS:**

How did you get to know ICS? If none of the below options, specify here: \_\_\_\_\_  
A. Through a billboard  B. Through the media  , specify the type of media: \_\_\_\_\_  
C. Through our website  D. Through a friend  , name of friend & contact: \_\_\_\_\_

**G. GUARANTOR'S DETAILS (Guarantor must be a relative):**

Name of guarantor: \_\_\_\_\_  
Relation to guarantor: \_\_\_\_\_  
Contact of guarantor: \_\_\_\_\_  
Signature of guarantor: \_\_\_\_\_

**H. AGREEMENT TO POLICIES:**

I, \_\_\_\_\_, agree to abide by all the policies, rules and regulations of Integrity Care Services.  
Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Administrator: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_