## NRK-CPSB (3) (REVISED 2025)



## NAROK COUNTY PUBLIC SERVICE BOARD

## APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the CEO/Secretary, County Public Service Board, P.O.BOX 545, 20500 NAROK, KENYA.

|   | betvice board, 1.0.be          | 715, 2050        | TO THIROT, REITH.           |                                    |
|---|--------------------------------|------------------|-----------------------------|------------------------------------|
| 1. Vacancy Applied For                                |                                |                  |                             |                                    |
| Vacancy/Post:   |                                |                  |                             | Vacancy No:                        |
| Depertment:   |                                |                  |                             |                                    |
| 2. Personal Details of the Applica                    | ant                            |                  |                             |                                    |
| Name: (Surname)                                       | First Name                     |                  | Other Name(s):              | Title:(Prof/Dr/Mr/Mrs/Miss/Ms/Rev) |
| Date of Birth(dd-mm-yyyy)                             | ID No:                         | PIN.NO           | O                           | Gender: Male Female                |
| Nationality:  | Ethnicity                      |                  | Home County:                |                                    |
| Sub County  |                                | Ward:            | Village                     |                                    |
| Postal Address:                                       |                                |                  | Town/City:                  |                                    |
| Telephone No:   | Mobile No:                     |                  | E-mail address:             |                                    |
| Name of alternative contact person:                   |                                |                  | Telephone No:               |                                    |
| Are you living with a disability? Yes                 | No No                          |                  |                             |                                    |
| If yes, give; (i) Details/Nature of Disability:       |                                |                  |                             |                                    |
| (ii) Details of Registration with the Nati            | onal Council for People with Γ | Disabilities (Re | gistration No. and date)    |                                    |
| 3. Applicants in the Public Service                   | e only                         |                  |                             |                                    |
| Ministry/State Department/ County/Oth                 | er Public Institutions:        |                  |                             | .Station:                          |
| Personal/Employment No:                               | Present Subs                   | tantive Post:    |                             |                                    |
| Job group/Scale/Grade:                                | Date of Current Appo           | intment (dd-mr   | n-yyyy)                     |                                    |
| Upgraded post (where applicable):                     |                                | effectiv         | e date of previous appointm | nent:(dd-mm-yyyy)                  |
| On Secondment (where applicable):Organisation:        |                                | I                | Designation:                | •                                  |
| Terms of Service: Perm                                | anent & Pensionable            | Contract         | Other, Please specif        |                                    |
| 4. All other Applicants                               |                                |                  |                             |                                    |
| Current employer (where applicable):  Effective date: | Gross Salary (                 | (monthly)        | on held:                    |                                    |
|   |                                |                  |                             |                                    |

| 5 Other Personal Datails   |                                |  |                         |                         |                            |  |             |                      |  |
|--|--------------------------------|--|-------------------------|-------------------------|----------------------------|--|-------------|----------------------|--|
| 5. Other Personal Details  |                                |  |                         |                         |                            |  |             |                      |  |
| Have you ever been convicted of any criminal offence or a subject of probation order? Yes No |                                |  |                         |                         |                            |  |             |                      |  |
| If Yes, state nature of offence, the year and duration of conviction                         |                                |  |                         |                         |                            |  |             |                      |  |
|  |                                |  |                         |                         |                            |  | ••••••      |                      |  |
| Have you ev  | er been dism                   | issed or otherwise remove                              | ed from em              | ployment?               | Yes No                     |  |             |                      |  |
| If Yes, State  | e reason (s) fo                | or dismissal/removal                                   |                         |                         |                            | ef   | fective dat | te(dd-mm-yyyy)       |  |
| (D. 1.   |                                | c  | ., , ,                  | 7.                      |                            | n III G · T                                  | ,           |                      |  |
|  | the above inj<br>on its own me |  | arıly debar             | an applican             | nt from employment in the  | e Public Service. Ed                         | ich case w  | till be              |  |
| 6 Academi  | ic Oualifica                   | tions. (Starting with t                                | he Highes               | it)                     |                            |  |             |                      |  |
|  |                                |  |                         | Attainment              |                            |  |             |                      |  |
| Y  | ear                            | University/ (e.g. Mas<br>High School Bachelor<br>KCSE) |                         | sters, Course/Programme |                            | Specialization/Subject<br>(e. g Econ, Maths, |             | Class/Grade          |  |
| _  |                                |  |                         | rs, Degree,             | O'Level)                   | Sociology e.t.                               |             |                      |  |
| From   | То                             |  |                         |                         |                            |  |             |                      |  |
|  |                                |  |                         |                         |                            |  |             |                      |  |
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|  |                                |  |                         |                         |                            |  |             |                      |  |
|  | 1/5                            |  |                         | <b></b>                 |                            |  |             |                      |  |
| 7 Professio  | onal/Techni                    | cal Qualifications/Cer                                 | <b>tification</b>       | s Relevant              | to the post. (Starting     | with the Highest                             | )           |                      |  |
| Y  | ear                            |  |                         | Award/At                |                            | Specialization/Su<br>g Human Resour          |             |                      |  |
| From To Institution  |                                | Institution  | (e.g. High<br>Certifica |                         | er Diploma, Diploma,<br>e) | Engineering,                                 |             | Class/Grade          |  |
|  |                                |  |                         |                         |                            | Counselling e.t.c                            |             |                      |  |
|  |                                |  |                         |                         |                            |  |             |                      |  |
|  |                                |  |                         |                         |                            |  |             |                      |  |
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|  |                                |  |                         |                         |                            |  |             |                      |  |
|  |                                |  |                         |                         |                            |  |             |                      |  |
| 8 Relevant   | Courses a                      | nd Training attended                                   | Lasting n               | ot Less the             | an One (1) Week            |  |             |                      |  |
| o Reievani   |                                | nd Iranning attended                                   | Lasting in              |                         | in One (1) Week            |  |             |                      |  |
| Year   | Universi                       | University/College/Institution                         |                         |                         | Name of Course             |  |             | Details and duration |  |
|  |                                |  |                         |                         |                            |  |             |                      |  |
|  |                                |  |                         |                         |                            |  |             |                      |  |
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|  |                                |  |                         |                         |                            |  |             |                      |  |

| rofessional B                           | Body                | Membership/Registration No.            |                 | Membership type<br>Associate, Full 6 | (e.g.                                   | Date of Renewal                            |
|---|---------------------|--|-----------------|--------------------------------------|---|--|
|   |                     |  |                 |                                      |   |  |
|   |                     |  |                 |                                      |   |  |
|   |                     |  |                 |                                      |   |  |
|   |                     |  |                 |                                      |   |  |
| Emplovme                                | ent Details - who   | ere applicable (starting with the      | current o       | r most recent)                       |   |  |
| Ye                                      |                     | Designation/ Position                  | Job G<br>/Scale | roup/Grade                           | Minist                                  | ry/State Department/<br>tion/ Organization |
| From                                    | То                  |  | (Ksh.)          |                                      | Ilistitu                                | uon/ Organization                          |
| ld-mm-<br>yyyy)                         | (dd-mm-<br>yyyy)    |  |                 |                                      |   |  |
|   |                     |  |                 |                                      |   |  |
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|   |                     |  |                 |                                      |   |  |
|   |                     |  |                 |                                      |   |  |
|   |                     |  |                 |                                      |   |  |
| Briefly state                           | e your current duti | es, responsibilities and assignments ( | if any)         |                                      |   |  |
|   |                     |  |                 |                                      |   |  |
|   |                     |  |                 |                                      |   |  |
|   |                     |  | •••••           |                                      | ••••                                    |  |
|   | •••••               |  |                 |                                      |   |  |
|   |                     |  |                 |                                      |   |  |
|   |                     |  |                 |                                      |   |  |
|   |                     | lities, skills and experience which yo |                 |                                      | on appli                                | ed for. This information may               |
| include an o                            | utline of your mos  | st recent achievements and your reason | ons for appl    | ying for this post.                  |   |  |
|   |                     |  |                 |                                      |   |  |
| • |                     |  |                 | •••••                                | •••••                                   |  |
|   | •••••               |  |                 | •••••                                | • |  |
|   |                     |  |                 |                                      |   |  |
|   |                     |  |                 |                                      |   |  |
|   |                     |  |                 |                                      |   |  |
|   |                     |  |                 |                                      |   |  |

| 13. Referees (people who have interacted with you   | professionally)  |
|---|--|
| 1. Full Name:   |  |
| Occupation:   |  |
| Address:  | Post Code:City/Town:   |
| Mobile No:  | E-mail address:  |
| Period for which the referee has known you:   |  |
| 2. Full Name:   |  |
| Occupation:   |  |
| Address:  | Post Code: City/Town:  |
| Mobile No:  | E-mail address:  |
| Period for which the referee has known you:   |  |
| 12 Declaration  |  |
| 13. Declaration   |  |
| I certify that the particulars given on this form are correct a disqualification and/or legal action. | nd understand that any incorrect /misleading information may lead to |
| Date:(dd-mm-yyyy)   | Signature of the Applicant   |
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