

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.

1. Vacancy Applied For			
Vacancy/Post:		V	acancy No:
County Department:			
1. Personal Details of the Applicant			
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		Gender: Male Female
Nationality:Ethn	icity	Home County:	
Sub County	Constituency:	Ward	
Postal Address:	Code:	Town/City	·:
Telephone No:Mo	bile No:E-mail addr	ess:	
Name of alternative contact person:	Telep	ohone No:	
Are you living with a disability? Yes	No		
If yes, give; 2. Details/Nature of Disability:			
3. Details of Registration with the Nationa	al Council for People with Disabilities (Re	gistration No. and dat	:e)
3. Applicants in the Public Service only	y		
Ministry/State Department/ County/Other Pu	blic Institutions:		.Station:
Personal/Employment No:	Present Substantive Post:		
Job group/Scale/Grade:	Date of Current Appointment (dd-mm-yy	уу)	
Upgraded post (where applicable):	effective da	te of previous appointr	ment:(dd-mm-yyyy)
On Secondment (where applicable):Organisation: Terms of Service: Permanent	Desig	nation: Other, Please specif	Job Group/Grade:
4. All other Applicants			
Current employer (where applicable): Effective date:	Gross Salary (monthly)	eld:	

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	ver been dism	issed or otherwise remove	ed from em	ployment?	Yes No	o 🖂		
		r dismissal/removal					fective dat	e
	(-)							(dd-mm-yyyy)
	the above inf on its own me	formation will not necesso erit)	arily debar	an applican	nt from employment in th	e Public Service. Ed	ich case w	ill be
6 Academ	ic Qualifica	tions. (Starting with t	he Highes	t)				
			Award/	Attainment	Course/Programme	Charielization	/Cubicat	
Y	ear	University/ High School	(e.g. Ma Bachelo KCSE)	sters, ors, Degree,	(e.g. PhD, MSc, BA, O'Level)	Specialization (e. g Econ, Ma Sociology e.t.	aths,	Class/Grade
From	То							
7 Professio	onal/Techni	cal Qualifications/Cer	tification	s Relevant	t to the post. (Starting	with the Highest)	
	ear					Specialization/Su		
		Institution		(e.g. High	g Human Resource			Class/Grade
From	т То		Certificate)		Counselling e.t.c)			
8 Relevant	t Courses ai	nd Training attended	Lasting n	ot Less tha	an One (1) Week			
							l	
Year	Universi	ty/College/Institution			Name of Course		Details a	and duration

rofessional F	Body	Membership/Registration No.		Membership type Associate, Full o	(e.g.	Date of Renewal
Employme	ent Details - who	ere applicable (starting with the	current o	r most recent)		
<u> </u>	The Details - with		Job G	roup/Grade		
Ye	ear	Designation/ Position	/Scale Gross (Ksh.)	Monthly Salary	Ministr	ry/State Department/ tion/ Organization
From ld-mm-	To (dd-mm-		(KSII.)			
уууу)	yyyy)					
Briefly state	e your current duti	es, responsibilities and assignments (if any)			
			•••••			
					•••••	
			•••••		•••••	
Please give	details of vour abi	lities, skills and experience which yo	u consider	relevant to the positi	on applie	ed for. This information may
		st recent achievements and your reason			11	•

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