#### **REPUBLIC OF KENYA**



# **COUNTY GOVERNMENT OF KILIFI**

#### **COUNTY PUBLIC SERVICE BOARD**

#### APPLICATION FOR EMPLOYMENT FORM

Complete this form in  $\bf BLOCK$  letters as appropriate and submit to the Secretary, Kilifi County Public Service Board. P.O BOX 491, 80108 KILIFI, KENYA.

1. Vacancy Applied For	
Vacancy/Post:	Vacancy No:
2. Personal Details	
Name of the applicant:	Title:(e.g. Prof/Dr/Mr/Mrs/Miss/Ms/Rev
Date of Birth:(dd-mm-yyy)	Gender: Male Female
Nationality:	ID No/Passport No:
Address:	Postal Code:
County: Sub County:	Ward:
Telephone No.: Mobile No.:	Email address:
Name of alternative contact person:	Telephone no.:
Do you suffer from any physical impairment? (PWD) Yes	No
If yes give details:	

3. Applicants in the Public Service only						
Department/Unit:						
-						
Personal/E	Employme	nt No.:	Present	Substantive Post:		
Job Group/	/ Scale/Gra	nde:	Date of Current App	ointment (dd-mm-y	ууу):	
On Second	ment (whe	ere applicable): Organizati	on:	Designation:	Job	Group/Grade:
Terms of se	ervice: Pe	rmanent & Pensionable	Contract	Other, Please spe	cify:	
4. Other	Personal	Details				
		convicted of any criminal or				
Have you e	ever been o	lismissed or otherwise rer	noved from employment	? Yes	No	
If Yes, State	e reason (s	s) for dismissal/removal			Effective date:	
Have you e	ever been i	nterviewed by Kilifi Count	y Public Service Board b	efore? Yes	(do	d-mm-yyyy)
If Yes, State the Post:						
(Declaring the above information will not necessarily debar an applicant from employment in the County Public Service. Each case will be considered on its own merit)						
5. Academic/Professional/Technical Qualifications (starting with the Highest)						
Dura From	ntion To	University/College/ Institution/ High School	Award/Attainment (e.g Masters, Bachelors , Higher Diploma, Diploma, Certificate, KCSE	Courses (e.g. PhD, MSc, BA, Diploma, O'Level	Specialization/ Subject (e.g. Econ, Maths, Sociology, Human Resources e.t.c)	Class/Grade

# 6. Other Relevant Courses and Training attended

Year	University/ College/ Institution	Name of Course	Details and Duration

# 7. Current Registration/Membership to Professional Bodies

Professional Body	Membership / Registration No.	Membership type (e.g. Associate, Full e.t.c)	Date of Renewal

# 8. Employment Details (starting with the current or most recent)

Duration		Employer's Name	Position/Rank/ Designation	Job Group/Gross Monthly Salary	
From	To			(Kshs)	

9. Briefly state your current duties, responsibilities and assignments
10. Please give details of your abilities, skills and experience which you consider relevant to the position applied for. The information may include an outline of your most recent achievements and your reasons for applying for this post.

### 11. Referees (people who have interacted with you professionally)

1.	Full Name:	
	Occupation:	
	Address:	
	Telephone No:	Email address:
	Period for which he/she has known you:	
2.	Full Name:	
	Occupation:	
	Address:	
	Telephone No:	Email address:
	Period for which he/she has known you:	
3.	Full Name:	
	Occupation:	
	Address:	
	Telephone No:	Email address:
	Period for which he/she has known you:	
<u>Declara</u>	tion:	
I hereby c	ertify to the best of my knowledge that the particu	llars given on this form are correct and I understand
that any ir	ncorrect/misleading information may lead to disq	ualification and/or legal action.
Date:	(dd-mm-yyyy)	Signature of the Applicant