

REPUBLIC OF KENYA



EMBU COUNTY GOVERNMENT
EMBU PUBLIC SERVICE BOARD

APPLICATION FOR EMPLOYMENT FORM

Please complete this form in **BLOCK** letters as appropriate and submit to the Secretary, Public Service Board of Embu P.O. BOX 2871, 60100 EMBU, Tel 0722547089.

1. Vacancy Applied For:

Position:..... Vacancy No.

Department/Directorate:.....

2. Personal Details of the Applicant:

Name of applicant: Title:.....
Surname First Name other Name(s): (Prof/Dr/Mr/Mrs/Miss/Miss/Rev)

Date of Birth:..... IDNo.....PNO..... Gender Male Female
(dd-mm-yyyy)

Nationality:..... Ethnicity:..... Home County:.....

Sub County:.....ConstituencyWard:.....

Address:.....PostalCode:.....Town.....

Telephone:.....Mobile:.....E-mail address:.....'

Name of Alternative contact person:.....Telephone:..... Relationship.....

3. Applicants in the Public Service only:

Ministry/Department/County/Other Public Institutions:.....Station:.....

Personal/Employment No.....Present Substantive Post:.....

Job group:..... Date of Current Appointment:.....
(dd-mm-yyyy)

Upgrading Post (if applicable):..... effective date of previous appointment:.....
(dd-mm-yyyy)

Terms of Service: Permanent & Pensionable Contract Temporary/Casual

Gross Monthly Salary..... Expected Gross Monthly Salary.....

4. Other details:

Indicate the language(s) you are proficient in.....

Do you suffer from any physical impairment? Yes No

If yes (i) give details/Nature of Disability.....

(ii) Details of Registration with National Council for People with Disabilities (Reg. No. and Date).....

Have you ever been convicted of any criminal offences or a subject of probation order? Yes No

Have you ever been dismissed or otherwise removed from employment? Yes No

If Yes, State reason (s) for dismissal/removal.....effective date.....
(dd-mm-yyyy)

Have you ever been interviewed by Public Service Board of Embu before? Yes No

If Yes, State the Post:..... Interview date:.....

(Declaring the above information will not necessarily debar an applicant from employment in Public Service of Embu. Each case will be considered on its own merit)

5. Academic/Professional/Technical Qualifications (starting with the Highest)

Year		University/College/ Institution/School	Award/Attainment (e.g Degree, Diploma, Certificate)	Courses (e.g PhD, Msc, BA)	Subject (Econ, Maths e.t.c)	Class/Grade
From	To					

6. Other Relevant Courses and Training attended Lasting not less than One (1) week

Year		Institution/College	Courses	Details
From	To			

7. Current Registration/Membership to Professional Bodies

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

8. Employment Details (starting with the most recent)

Year		Employer's Name	Position/Rank/Designation	Job Group/Gross Monthly Salary (Kshs.)
From mm/yyyy	To mm/yyyy			

9. Briefly state your current duties, responsibilities and assignments

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

10. Please give details of your abilities, skills and experience which you consider are relevant to your current position . The information may include an outline of your most recent achievements and your reasons for retaining the same position.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

11. Personal References

The names of distinguished persons should not be used unless they really know you well; the names of relatives or of those from whom you send testimonials should not be used. The names of members or staff of the Public Service Board of Embu should also not be used.

1. Full Name (Current Supervisor).....
 Address:.....
 Telephone No/Mobile No..... E-mail address:.....
 Occupation:.....
 Period for which he/she has known you:.....

2. Full Name.....
 Address:.....
 Telephone /Mobilier No..... E-mail address:.....
 Occupation:.....
 Period for which /he/she has known you:.....

12. Assistance to fill the form

Have you been assisted to fill this form? Yes No

If yes give reasons.....
.....

13. Declaration

I hereby certify to the best of my knowledge that the particulars given on this form are correct and I understand that any incorrect information may lead to disciplinary action.

Date:
(dd-mm-yyyy) Signature