



COUNTY ASSEMBLY OF KISUMU

KISUMU COUNTY ASSEMBLY SERVICE BOARD

APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Chairman, Kisumu County Assembly Service Board, P.O.BOX 86, 40100 KISUMU, KENYA (**DOWNLOAD THE FORM, FILL AND ATTACH CERTIFIED COPIES OF CERTIFICATES AND TESTIMONIALS**).

1. Vacancy Applied For

Vacancy/Post: Vacancy No:

2. Personal Details of the Applicant

Name: Title:
(Surname) First Name Other Name(s): (Prof/Dr/Mr/Mrs/Miss/Ms/Rev)

Date of Birth..... ID No: PIN.NO..... Gender : Male Female
(dd-mm-yyyy)

Nationality: Ethnicity Home County:

Sub County Constituency:

Postal Address: Code: Town/City:

Telephone No: Mobile No: E-mail address:

Name of alternative contact person: Telephone No:

Are you living with a disability? Yes No

If yes, give;

(i) Details/Nature of Disability:

(ii) Details of Registration with the National Council for People with Disabilities (Registration No. and date).....

3. Applicants in the Public Service only

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

Personal/Employment No: Present Substantive Post:

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

Upgraded post (where applicable): effective date of previous appointment:
(dd-mm-yyyy)

On Secondment (where applicable): Organisation: Designation: Job Group/Grade:

Terms of Service: Permanent & Pensionable Contract Other, Please specify:

4. All other Applicants

Current employer (where applicable):..... Position held:.....

Effective date: Gross Salary (monthly) Kshs.....
(dd-mm-yyyy)

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

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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)

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

6 Academic Qualifications. (Starting with the Highest)

Year		University/ High School	Award/Attainment (e.g. Masters, Bachelors, Degree, KCSE)	Course/Programme (e.g. PhD, MSc, BA, O'Level)	Specialization/Subject (e. g Econ, Maths, Sociology e.t.c)	Class/Grade
From	To					

7 Professional/Technical Qualifications/Certifications Relevant to the post. (Starting with the Highest)

Year		Institution	Award/Attainment (e.g. Higher Diploma, Diploma, Certificate)	Specialization/Subject (e. g Human Resource, Engineering, Counselling e.t.c)	Class/Grade
From	To				

8 Relevant Courses and Training attended Lasting not Less than One (1)Week

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

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:

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:
(dd-mm-yyyy)

.....
Signature of the Applicant