REPUBLIC OF KENYA



COUNTY GOVERNMENT OF KILIFI

COUNTY PUBLIC SERVICE BOARD

APPLICATION FOR EMPLOYMENT FORM

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

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: Gender Male Female			
Nationality:ID No/Passport No:			
Employment/PNo (for those serving in the County or National Government):			
Address: Postal Code:			
County: Sub County: Ward:			
Telephone: Mobile: Email address:			
Alternative Contact Person:Telephone:Telephone:			
3. Other Details			
Do you suffer from any physical impairment? (PWD) Yes No If yes give details:			
II yes give details			

Have you be	een convicted of a	ny criminal offences or a sub	pject of probation? Yes	No]	
If Yes, State	e reason (s) for disr	missal/removal	e	ffective date (c	dd-mm-yyyy)	
		red by Kilifi County Public Sei				
will be cons	sidered on its own	ntion will not necessarily deb merit) onal/Technical Qualifica			olic Service Bo	ard. Each case
				<u> </u>		
From	Duration To	University/College/ Insitution/School	Award/Attainment (e.g Degree, Diploma,	Courses (e,g PHD, MSC, BA)	Subject (Econ, Maths	Class/Grade
FIOIII	10		Certificate)	IVISC, BAJ	e.t.c)	
5. Othe	r Relevant Cou	rses and Training/Regis	tration/Membership	to profession	nal Bodies/I	nstitution
Year	Institution/Co	ollege	Course	Details		

6. Employment Details (starting with the most recent)

Duration		Employers Name	Position/Rank/ Designation	Job Group/Gross Monthly Salary (Kshs)
From	То			

7. Briefly st	ate your current duties, responsibilities and assignments
	re details of your abilities, skills and experience which you consider are relevant to the position applied for. The information an outline of your most recent achievements and your reasons for applying
9. Perso	onal Referees
A T C P	rull Name: Address: Celephone No: Email address: Decupation: Ceriod for which he/she has known you: Cull Name:
T	Celephone No: Email address: Ceriod for which he/she has known you:

3.	Full Name:			
	Address:			
	Telephone No:	Email address:		
	Occupation:			
	Period for which he/she has known you:			
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 disqualification/legal action.				
	I-mm-yyyy)	Signature of the Applicant		