## REPUBLIC OF KENYA

## **GOVERNMENT OF MAKUENI COUNTY**



## COUNTY PUBLIC SERVICE BOARD P.O BOX 49 – 90300, MAKUENI Tel No.:020-2026751 Email:cpsb@makueni.go.ke Web:www.makuenipsb.go.ke



## **APPLICATION FOR EMPLOYMENT FORM**

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Secretary, County Public Service Board, P.O.BOX 49, 90300 MAKUENI, KENYA, or apply **On-line** via the Boards Websites <u>www.makuenipsb.go.ke</u> or www.makueni.go.ke.

1. Vacancy Applied For						
Vacancy/Post:			Advert No:			
Department:			Other			
Counties/Institutions/Agency/						
2. Personal Details of the Applie	cant					
Name: (Surname)	First Name	Other Nar				
Date of Birth	ID No:	PIN.NO	Gender: Male Female			
Nationality:	Ethnicity	Home Cou	unty:			
Sub County	Wa	rd:				
Postal Address:	Code:		Town/City:			
Telephone No:	Mobile No:	E-mail ad	ldress:			
Name of alternative contact person:		Telephor	ne No:			
Are you living with a disability? Yes No						
If yes, give; (i) Details/Nature of Disability:						
(ii) Details of Registration with the National C	Council for People with Disa	abilities (Registration No. ar	nd date)			
3. Applicants in the Public Service only						
Department/ County/Other Public Institutions	·	Stat	tion:			
Personal/Employment No:	Present Sub	stantive Post:				
Job group/Scale/Grade: Date of Current Appointment (dd-mm-yyyy)						
Upgraded post (where applicable):		effective date of previou	us appointment:(dd-mm-yyyy)			
On Secondment (where applicable):Organisati	ion:	Designation:	Job Group/Grade:			
Terms of Service: Permanent & Pensionable Contract Other, Please specify:						
4. All other Applicants						
Current employer (where applicable):						
Effective date:						
Our Tel: 0202026751 E-mail:cpsb@makueni.go.ke						

5. Other I	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 ever been dismissed or otherwise removed from employment? Yes No									
If Yes, State	e reason (s) fo	or dismissal/removal				ef	fective dat	e	
								(dd-mm-yyyy)	
	ng the above on its own m	information will not neces	ssarily deb	ar an applice	ant from employment in	the Public Service.	Each case	will be	
			A 3/	Attainment					
Y	ear	University/ (e.g. Mas		sters, Course/Programme		Specialization/Subject		Class/Grade	
		College	Bachelo Diploma	rs, Degree, a)	Diploma)				
From	To								
7 Professio	onal/Techn	ical Qualifications/Cert	tifications	s Relevant	to the post. (Starting	with the Highest)	)		
Y	ear		_			Specialization/Su	biect		
		Institution			er Diploma, Diploma,	(a g Human Recource		Classification	
From	То		Certifica		e.t.c)		g		
8. Courses	s and Train	ing attended Lasting n	not Less t	han One (1	) Week		'		
		ing attended Lasting in	TOU LEGG U		,				
Year	ear University/College/Institution			ı	Name of Course	Duration			
			YA SECC	ONDARY S	SCHOOL CERTIFIC	ATE			
From To	School	School Name MEAN SCORE			ENTER SPECIFIC SUBJECT SCORE SEPARATED WITH A COMMA.i.e Eng.A, Bio B+,				
Our Tel: 02	02026751 E-	mail:cnsh@makuani qo ka							
Our Tel: 0202026751 E-mail:cpsb@makueni.go.ke									

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9. Current Reg	istration/Me	embership to Profe	ssional	Bodies/Practicing	Lice	nce		
Professional Body		Membership to Professional Bodies/Practicing Lice Ship/Registration No.  Membership type (e.g. Associate, Full etc)		Date of Registration/Renewal	Date of of Expiry			
10. Employmer	nt Details - v	vhere applicable (s	tarting					
Year	r	Designation Position	1/	Job Group/Grade /Scale	Mont	s hly y (Ksh.)	County Department/ Institution/ Organization	
From (dd-mm- yyyy)	To (dd-mm- yyyy)	2 33.43.2						
11. Briefly state	your current du	nties, responsibilities a	and assig	nments (if any)				
			• • • • • • • • • • • • • • • • • • • •					
					•••••			••••
								••••
12. Please give details of your abilities, skills and experience which you consider relevant to the position applied for. This information may include an outline of your most recent achievements and your reasons for applying for this post.								
				••••••	••••••			
								•
Our Tel: 02020267	751 E-mail: c	psb@makueni.go.ke						•••

13. Referees (people who have interacted with	th 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:		
14. Declaration		
I certify that the particulars given on this form are con and/or legal action.	rrect and understand that any incorrect /misle	eading information may lead to disqualification
Date:(dd-mm-yyyy)	Signature of the Applicant	

Our Tel: 0202026751 E-mail: cpsb@makueni.go.ke