## **REPUBLIC OF KENYA**



## 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 Applicar	nt:	
Name of applicant:		
Surname)	First Name other Name(s):	(Prof/Dr/Mr/Mrs/Miss/Miss/Rev)
	NoPNO	
(dd-mm-yyyy) Nationality:	Ethnicity:Hom	ne County:
Sub County:	.ConstituencyWa	ard:
Address:	PostalCode:	Town
Telephone:	Mobile:	E-mail address:
Name of Alternative contact person	:Telephone:	Relationship
3.Applicants in the Public Service	only:	
		Station:
Job group:		ː
		(dd-mm-yyyy) ate of previuos appointment:
		(dd-mm-yyyy)
Terms of Service: Permanent & Per	asionable Contract	Temporary/Casual
Gross Monthly Salary	Expected Gross Mont	hly Salary
4. Other details:		
Indicate the language(s) you are pro	oficient in	
Do you suffer from any physical im	pairment? Yes	No
If yes (i) give details/Nature of Dis	ability	
(ii) Details of Registration with Nat	ional Council for People with Disabilities (	Reg. No. and Date)
Have you ever been convicted of an	y criminal offences or a subject of probatio	on order? Yes No
Our Address: Trade 1	Building 2nd Floor, Kaunda Street P.O. Box 28:	 71-60100 Embu ,Tel: 0722547089

I	Have you eve	er been dismissed or o	otherwise rea	moved from emp	loyment	? Yes	No	
	-			-	-		effective date	
I	Have you ever been interviewed by Public Service Board of Embu before? Yes			(dd-mm	-уууу)			
I	f Yes, State	the Post:		Interview	w date:			
					n applic	ant from employmen	nt in Public Service of E	mbu.
_		ill be considered on i						
É	5. Academic	/Professional/Techn				-		
Year		University/Coll Institution/Sch		Award/Attain (e.g Degree, Diploma, Certificate)	ment	Courses (e.g PhD, Msc, BA)	Subject (Econ,Maths e.t.c)	Class/Grade
From	To							
							+	
$\epsilon$	6. Other Rel	evant Courses and	Training at	tended Lasting 1	not less	than One (1) week		
Yea	ır lı	nstitution/College			Cour	ses	Details	
rom	То							
					<u> </u>			
2	7. Current R	Registration/Member	rship to Pro	fessional Bodies	}			
Professio	onal Body		Aembership No.	/Registration		ership type (e.g. ate, Full etc)	Date of Renewal	
						.,		
		-						

Our Address: Trade Building 2nd Floor, Kaunda Street P.O. Box 2871-60100 Embu ,Tel: 0722547089

ear		Employer's Name	Position/Rank/Designation	Job Group/Gross Month Salary (Kshs.)
rom m/yyyy	To mm/yyyy			
9. E	Briefly state your cu	rrent duties, responsibilities and assigni	ments	
•••••				
			••••••	••••••

your abilities, skills and experier an outline of your most recent ac		

should also not be used.			
1. Full Name (Current Supervisor)			
Address:			
Telephone No/Mobile No	E-mail ac	ldress:	
Occupation:			
Period for which he/she has known you:			
2. Full Name			
Address:			
Telephone /Mobilie No.	E-ma	il 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 particular incorrect information may lead to disciplinary. action.	s given on	this form are	correct and I understand that any
Date:(dd-mm-yyyy)			Signature
(dd-mm-yyyy)			Signature

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

11. Personal References