

REPUBLIC OF KENYA



**THE PRESIDENCY
MINISTRY OF PUBLIC SERVICE AND GENDER
STATE DEPARTMENT FOR PUBLIC SERVICE**

APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Principal Administrative Secretary, State Department for Public Service, P.O.BOX 30050, 00100 NAIROBI, KENYA, Uchumi House, 16th Floor HRM Registry or Email to hudumajobs2020@psyg.go.ke (Do not attach copies of certificates and testimonials).

1. Vacancy Applied For

Vacancy/Post:..... Advert No:.....

Organization.....

2. Personal details

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

Date of Birth:..... ID No:..... Gender: Male Female

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

Postal Address..... Code City/Town.....

Mobile No..... Email address.....

Name of alternative contact person..... Mobile No.

Are you a person with disability? Yes No

If yes, give;

Details/nature of disability.....

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/ Public Institution

Personal/Employment No: Present Substantive Post:

CSG/Grade: Date of Current Appointment (dd-mm-yyyy)

Terms of Service: Permanent & Pensionable Contract Other, specify

4. All other applicants

Current employer Position held:.....

Effective Date:

5. Academic Qualifications (Starting with the Highest)

Year		Institution	Certificate Awarded/Degrees (e.g Msc,BA)	Specialization	Grade
From	To				

6. Professional/Technical Qualifications/Certification relevant to the post (Starting with the Highest)

Year		Institution	Certificate Awarded	Specialization	Grade
From	To				

7. Relevant Courses and Training attended lasting not less than One (1) week

Year	Institution	Course Name	Duration

8. Employment details (Starting with the most recent)

Year		Designation/ Position	Job Scale /Group	Ministry/Organization
From	To			

9. Give a Summary of your current duties, responsibilities

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10. Give details of your skills, abilities, experience and achievements which you consider relevant to the position applied for.

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11. Referees (people who have interacted with you professionally)

1. Full name..... Occupation.....

Address..... Postal code..... City/Town.....

Mobile No. Email address.....

Period for which the referee has known you.....

2. Full name..... Occupation.....

Address..... Postal code..... City/Town.....

Mobile No. Email address.....

Period for which the referee has known you.....

3. Full name..... Occupation.....

Address..... Postal code..... City/Town.....

Mobile No. Email address.....

Period for which the referee has known you.....

12. Declaration

I hereby declare that the information given in this form is correct to the best of my knowledge and understand that any incorrect or misleading information may lead to disqualification and or legal action

Applicant's signature **Date**