

GARISSA UNIVERSITY APPLICATION FORM FOR EMPLOYMENT

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Vice Chancellor Garissa University, P.O.BOX 1801, 70100 GARISSA, KENYA or using the email address provided. (*Attach copies of certificates and testimonials as indicated in each case*).

1. Vacancy Applied For				
Vacancy/Post:				Grade
Advertisement 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(dd-mm-yyyy)	ID No	PIN.NO		Gender: Male Female
Nationality	Ethnicity	Н	ome County:	
Sub County	Co	onstituency:		
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 Di	isabilities (Registration	on No. and date)	
3. Next of Kin				
1) Name		Address		
Tel. No		.Relationship		
2) Name		Address		
Tel.No		Relationship		

4. Other	Personal	Details						
Have you	ı ever been	convicted of any criminal offer	nce or a sub	ject of prob	pation order? Yes	No		
If Yes, sta	ate nature o	f offence, the year and duration	of convict	tion				
	••••••		•••••	••••			•••••	
		dismissed or otherwise remove				о 🔲		
If Yes, St	tate reason (s) for dismissal/removal				e1	tective date	(dd-mm-yyyy)
	ng the aboved	ve information will not necessa	ırily debar	an applica	nt from employment in the	e Garissa Universii	ty. Each ca	se will be
		·	- l.:-l4	A 44 a a la a a				
5 Acade	mic Quan	fications. (Starting with the		Attach co				
	Year	University/ High School	University/ (e.g. Ma		Course/Programme	Specialization (e. g Econ, M Sociology e.t.	aths,	Class/Grade
From	То		,					
6 Profes	sional/Teo	chnical Qualifications/Cer	tifications	s Relevant	t to the post. (Starting v	with the Highest)		
	Year			Award/A	ttainment	Specialization/St		
From	Institu		ion (e.g. Hig Certific		ner Diploma, Diploma, te)	(e. g Human Resource, Engineering, Counselling e.t.c)		Class/Grade
7 Releva	ant Cours	es and Training attended	Lasting r	not Less th	nan One (1) Week			
Year	Uni	University/College/Institution			Name of Course	Details and duration		

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Professional Body		Membership/Registration No.		Membership type Associate, Full	e (e.g. etc)	Date of Renewal		
mploymen	t Details - whe	re applicable (starting with the c	urrent or	most recent)				
		Designation/ Position	Job G /Scale	roup/Grade	Ministry	y/State Department/		
Ye	ear	Designation Tostion	Gross	Gross Monthly Salary (Ksh.)		Institution/ Organization		
From (dd-mm-	To (dd-mm-							
yyyy)	yyyy)							
		es, responsibilities and assignments (i						
Publications	s in refereed iourn	al (s) (for teaching positions applican	ıts)					
		or and the second species	/					
		lities, skills and experience which yo			ion applied	for. This information may i		
an outline o	i your most recen	t achievements and your reasons for a	ipprying 10	r this post.				

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:		
Declaration		
I certify that the particulars given on this form are and/or legal action.	correct and understand that any incorrect /misleading information may lea	d to disqualification
Date:		
(dd-mm-yyyy)	Signature of the Applicant	