## KSA BIODATA FORM

## 

**REPUBLIC OF KENYA**

## 



**KENYA SPACE AGENCY**

***POSSIBILITIES BEYOND OUR SKIES***

APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Chairman, Board of Directors Kenya Space Agency, P.O. BOX 7046 - 00200 NAIROBI, KENYA, or downloadthe form from the Kenya Space Agency and Ministry of Defence Websites ([**www.ksa.go.ke**](http://www.ksa.go.ke) **or www.mod.go.ke )** or on [www.mygov.go.ke](http://www.mygov.go.ke) .

# 1. Vacancy Applied For

## `

Vacancy/Post: …………………………………………………………………………......................................................Vacancy No:………………....

Ministry:…………........................……………………………................................. State Department:………………..……………………....................

# 2. Personal Details of the Applicant

Name: ……………………………….….....………..………….…..……..… ……………………………… ...... Title:……………………

(Surname) First Name Other Name(s): (Prof/Dr/Mr/Mrs/Miss/Ms/Rev)

Date of Birth.................................................. ID No:……………………….. PIN.NO Gender: Male

(dd-mm-yyyy)

Female

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

Sub County ............................................................................................Constituency:...................................... ..................................................................

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 Disabilities (Registration No. and date)..................................................................

# 3. Applicants in the Public Service only

Ministry/State Department/ County/Other Public Institutions:……………....………………… ............................Station:…………………….…...........

Personal/Employment No:……………………….….….…… Present Substantive Post:……………………………………….........................................

Job group/Scale/Grade:………........................... Date of Current Appointment (dd-mm-yyyy).......………..........................................................................

Upgraded post (where applicable):……………………………………………effective date of previous appointment:…………………………….........

(dd-mm-yyyy)

On Secondment (where applicable):Organisation:....................................................... Designation:.............................................Job Group/Grade:..........

Terms of Service:

Permanent & Pensionable

Contract Other, Please specify:.........................................................

# 4. All other Applicants

Current employer (where applicable):………………………………….............Position held:………....……..............……………...............................

Effective date: ……………….………….........................Gross Salary (monthly) Ksh.………………………………………………….........................

(dd-mm-yyyy)

Our Tel: +254-709-298200 E-mail: [info@ksa.go.ke](mailto:info@ksa.go.ke)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 reason (s) for dismissal/removal…………………..…………………………………………………….….effective date………………  (dd-mm-yyyy)  ***(Declaring the above information will not necessarily debar an applicant from employment in the Public Service. Each case will be considered on its own merit)***  **6 Academic Qualifications. (Starting with the Highest)** | | | | | | | | | | | |
| **Year** | | | **University/ High School** | **Award/Attainment (e.g. Masters,**  **Bachelors, Degree, KCSE)** | | | **Course/Programme (e.g. PhD, MSc, BA,**  **O’Level)** | | **Specialization/Subject (e. g Econ, Maths, Sociology e.t.c)** | | **Class/Grade** |
| **From** | **To** | |  |  | | |  | |  | |  |
|  |  | |  |  | | |  | |  | |  |
|  |  | |  |  | | |  | |  | |  |
|  |  | |  |  | | |  | |  | |  |
|  |  | |  |  | | |  | |  | |  |
| **7 Professional/Technical Qualifications/Certifications Relevant to the post. (Starting with the Highest)** | | | | | | | | | | | |
| **Year** | | | **Institution** | | **Award/Attainment**  **(e.g. Higher Diploma, Diploma, Certificate)** | | | **Specialization/Subject (e. g Human Resource,**  **Engineering, Counselling e.t.c)** | | | **Class/Grade** |
| **From** | **To** | |
|  |  | |  | |  | | |  | | |  |
|  |  | |  | |  | | |  | | |  |
|  |  | |  | |  | | |  | | |  |
|  |  | |  | |  | | |  | | |  |
|  |  | |  | |  | | |  | | |  |
| **8 Relevant Courses and Training attended Lasting not Less than One (1) Week** | | | | | | | | | | | |
| **Year** | | **University/College/Institution** | | | | **Name of Course** | | | | **Details and duration** | |
|  | |  | | | |  | | | |  | |
|  | |  | | | |  | | | |  | |
|  | |  | | | |  | | | |  | |
|  | |  | | | |  | | | |  | |
|  | |  | | | |  | | | |  | |
|  | |  | | | |  | | | |  | |
|  | |  | | | |  | | | |  | |
| Our Tel: +254-709-298200 E-mail: [info@ksa.go.ke](mailto:info@ksa.go.ke) | | | | | | | | | | | |

# Current Registration/Membership to Professional Bodies

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Body** | **Membership/Registration No.** | **Membership type (e.g. Associate, Full etc)** | **Date of Renewal** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Employment Details - where applicable (*starting with the current or most recent*)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | | **Designation/ Position** | **Job Group/Grade**  **/Scale**  **Gross Monthly Salary (Ksh.)** | **Ministry/State Department/ Institution/ Organization** |
| **From (dd-mm- yyyy)** | **To (dd-mm-**  **yyyy)** |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Briefly state your current duties, responsibilities and assignments (if any)

……………………………………………………………………………………..............................................................................................................

……………………………………………………………………………………………………………………………..……………….…..…..…….....

…………………………………………………………………………………………………………………….…………………..…………….……....

……………………………………………………………………………………………………………………………………….…..…………….…....

............................................................................................................................. ..................................................................................................................

............................................................................................................................. .................................................................................. .................................

............................................................................................................................. .................................................................................................. .................

1. 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.

…………………………………….……………………….…..…............................................................................................................................... .....

………….………………………………………………………………………………………………………………………………………………..…

……………………………………………………………………………………………………………………….…………………………………..…

………….………………………………………………………………………………………………………………………………………………..…

............................................................................................................................. ................................................................................................................

............................................................................................................................. ...............................................................................................................

............................................................................................................................. .................................................................................................................

............................................................................................................................. ..................................................................................................................

# 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:……………………………………………………………….…………………………………….……......

**13. Declaration**

I certify that the particulars given on this form are correct and understand that any incorrect /misleading information may lead to disqualification and/or legal action.

Date: ……………………………. ……………………………..

(dd-mm-yyyy) Signature of the Applicant