COUNTY GOVERNMENT OF NANDI

APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in **BLOCK** letters and submit together with your application

1. Vacancy Applied For

Vacancy: …………………………………………………………………………………………...

Department: ……………………………………………………………………………………..

2. Personal Details of the Applicant:

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

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

Date of Birth:………………………………...… ID NO. ………………………….………………………...

     (dd-mm-yyyy)

PIN No. ………………………………………..Gender: Male [   ]   Female [   ]

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

Sub-County:…………………………………Ward:…………….………………Location:………...……………..

Sub-Location………………………………….… Village: ………...…………………………………………….

Postal Address: ………………………Code: ……………………Town/City …………………………..

Mobile No. ……………………….…E-Mail Address……………………………………….……………….

Name of alternative contact person: ……………………….……………Tel. No. ……………….…...………

Are you living with a disability?   Yes [   ]   No [   ]   If yes give :

(i)   Details/Nature of Disability……………………………………………………………………….

(ii)   NCPD Membership (Reg. No. and Date)…………………………………………………………………

3. Academic Qualifications (Starting with the highest)

Year		University/High School	Award/Attainment (e.g. Masters, Bchechors, Degree, KCSE)	Course/Programme (e.g. Phd,MSc,,BA, O' level)	Specialization/subject (e.g. Econ,Maths, Sociology etc)	Class/Grade
From	To					

4. Professional/Technical Qualifications/Certificates Relevant to the post (Starting with the Highest)

Year		Institution	Award/Attainment (e.g Diploma, Certificate)	Specialization/subject (e.g. Human Resource, Engineering, etc)	Class/Grade
From	To				

5. Current Registration/Membership to Professional Bodies

Professional Body	Membership/Registration No	Membership Type (e.g. Associate, Full etc)	Date of Renewal

6. Employment Details – Where applicable (starting with the current or most recent)

Year		Designation/Position	Job Group/ Scale	Ministry/State Department/Institution/Organization
From (dd-mm-yyyy)	To (dd-mm-yyyy)			

7. 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