

HRM NO.....



OLJABET HOSPITAL
STAFF PERSONAL DETAILS

INSERT
COLOURED
PASSPORT

LAST NAME	OTHER NAMES

GENDER	START DATE	STAFF NUMBER

HOME COUNTY	
HOME SUB COUNTY	
HOME LOCATION	
HOME VILLAGE	

EMAIL ADDRESS	
TELEPHONE NUMBER	
KRA PIN	
ID NUMBER	
NSSF NUMBER	
NHIF NUMBER	

BANK DETAILS

BANK NAME	
A/C NUMBER	
BANK BRANCH	

REFEREES (KINDLY INDICATE ATLEAST TWO {2})

	REFEREE NAME	CONTACT	RELATIONSHIP
1.			
2.			
3.			

DECLARATION

THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE

NAME: SIGN: DATE:

FOR OFFICIAL USE ONLY

EMPLOYEE

EMPLOYMENT STATUS

FULL TIME ☐

CONTRACT ☐

LOCUM ☐

PAY RATE

ANNUAL

MONTHLY

WEEKLY

☐
☐
☐

P.O BOX 543-20300

NYAHURURU, KENYA.

(254) 722 62 43 63

OLJABETHOSPITAL@GMAIL.COM