**OLJABET HOSPITAL**

INSERT COLOURED PASSPORT

**HRM NO…………………………**

**STAFF PERSONAL DETAILS**

|  |  |
| --- | --- |
| **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**

**PERMANENT CONTRACT LOCUM CASUAL**

**PAY RATE**

ANNUAL MONTHLY WEEKLY HOURLY RATE

HOURLY RATE

**P.O BOX 543-20300**

**NYAHURURU, KENYA.**

**(254) 722 62 43 63**

**[OLJABETHOSPITAL@GMAIL.COM](mailto:OLJABETHOSPITAL@GMAIL.COM)**