NAROK COUNTY GOVERNMENT



PUBLIC SERVICE BOARD

APPLICATION FOR EMPLOYMENT FORM

Please complete this form in **BLOCK** letters as appropriate and submit to the Secretary, Narok County Public Service Board,

P.O.BOX 545, 20500 NAROK, KENYA.

	5, 20300 NAKO	IX, IXLIVITA,							
1. Vacancy Applie	d For								
Vacancy/Post:		7	Vacancy No						
Detertment		Ι	Department:						
2. Personal Detail	ls								
Name of applicant:	(Surname)	First Nam	ue		Other Na	me(s):		/Dr/Mr/Mrs/Mis	 ss/Ms/Rev)
Date of Birth:	(dd-mm-yyyy)		Gender: Male		Female				
Nationality:	ID No/Passport No:			Employment/	/PNo:				
Address:	Postal Code:								
Home District:	Division:				Constituency:.				
Telephone:		Mobile:		E-mail ac	ddress:				
Alternative contact person:		Telephon	ne:						
3. Applicants in t	he Public Service on	ly							
Ministry/Department/Lo	cal Authority/Other Public In	stitutions:				Station:			
Present Substantive Post:			Job g	roup:		effect	ve date:	 (dd-mm-yyyy)	
Upgrading (if applicable) post:				effective da	ite:		(de	d-mm-yyyy)	
Terms of Service:	Permanent of	& Pensionable	Contract			Temporary		33337	
4. Applicants in	Private/NGO/ Other	r Sectors							
Current employer	Position held:			effective date:			d-mm-yyyy)		
Salary (monthly) Ksh									
5. Other Details									
Indicate the language(s	you are proficient in								
Do you suffer from a	any physical impairment	? Yes	No]					
If yes give details:									
Have you ever been	convicted of any crimin	al offences or a subje	ect of probation of	order? Yes		No			

Have you	ever b	een dismis	sed or otherwise remove	ed from employment?	Yes No		
If Yes, Stat	e reaso	n (s) for dis	smissal/removal	••		effective date	(dd-mm-yyyy)
Have you	ever b	een intervi	ewed by the Narok Cour	nty Public Service Boar	d? Yes	No	
If Yes, State	the Post:				Interview date:		
(Declaring	g the a erit)	bove infor	mation will not necessa	rily debar an applican	from employment in Pub	lic Service. Each case will b	e considered on
6 Acader	nic /P	rofession	nal/Technical Qualifi	ications (Starting w	th the Highest)		
	Year		University/College/ Institution/School	Award/Attainment (e.g Degree, Diploma, Certificate)	Courses (e.g PhD, Msc, BA)	Subject (Econ,Maths e.t.c)	Class/Grade
From	То						
- 0.1			1.77				
7. Other	Relev	ant Cou	rses and Training /R	legistration/Membe	rship to Professional B	odies/Institution	
Year			Institution/Coll	ege	Courses	Details	

	it Details (<i>startii</i>	ng with the most recent)		
Y	'ear	Employer's Name	Position/ Rank/Designation/	Job Group/Gross Monthly Salary (Ksh.)
From	То			
9. Briefly state yo	our current duties, re	esponsibilities and assignments		
				·····
10. Please give d	letails of your abilit	ies, skills and experience which you consid	er are relevant to the position ar	oplied for. The information may
include an outline	e of your most recer	at achievements and your reasons for applying	g	
11 D				
11. Personal I		s should not be used unless they really know	y you wall: the names of relative	as or of those from whom you
		d. The names of members or staff of the Na		
		<u></u>		a should diso not be asea.
1. Full Name:				
Address:			dress:	
Address:			dress:	
Address:		E-mail ad	dress:	
Address:		E-mail ad		
Address:	he/she has known y	E-mail ad		
Address: Telephone No: Occupation: Period for which 2. Full Name: Address:	he/she has known y	E-mail ad		
Address:	he/she has known yo	E-mail ad		
Address: Telephone No: Occupation: Period for which 2. Full Name: Address: Telephone No: Occupation:	he/she has known yo	ou: E-mail address:		
Address: Telephone No: Occupation: Period for which 2. Full Name: Address: Telephone No: Occupation: Period for which he/s	he/she has known you	ou: E-mail address:		
Address:	he/she has known you	ou: E-mail address:		
Address: Telephone No: Occupation: Period for which 2. Full Name: Address: Telephone No: Occupation: Period for which he/s Declaration: I hereby certify to	he/she has known you	E-mail ad Dou: E-mail address:		
Address: Telephone No: Occupation: Period for which 2. Full Name: Address: Telephone No: Occupation: Period for which he/s Declaration: I hereby certify to may lead to disq Date:	he/she has known you:	E-mail ad E-mail address:	Form are correct and I understar	
Address: Telephone No: Occupation: Period for which 2. Full Name: Address: Telephone No: Occupation: Period for which he/s Declaration: I hereby certify to may lead to disquested to disquested.	he/she has known you	E-mail ad E-mail address:		