

## COUNTY PUBLIC SERVICE BOARD

Please complete all sections of this form in BLOCK letters as appropriate by typing in the spaces provided and submit to the Secretary, Kisumu County Public Service Board, using email: **kpsb052020@kisumu.go.ke**. **DO NOT** attach Certificates.

## Ministry/Department.....

## Page 1 of 4

#### 4. All other Applicants

Current employer (if applicable) .....Position held.....  
Effective date..... Gross Salary (monthly) Ksh.....  
(dd-mm-yyyy)

#### 5. Other Personal Details

Have you ever been convicted of any criminal offences or a subject of probation order? Yes No

If Yes, state nature of offence, 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)

Have you ever been interviewed by Kisumu County Public Service Board before? Yes No

If Yes, State the Post..... Interview date.....  
(dd/mm/yyyy)

(Declaring the above information will not necessarily debar an applicant from employment in Public Service. Each case will be considered on its own merit)

#### 6 Academic /Professional/Technical Qualifications (Starting with the Highest)

| Year |    | Name of University/College/<br>Institution/School attended | Course (e.g B.Com Finance, Dip IT, KCSE,<br>KCPE) | Class/Grade Attained<br>(eg First Class, B plain) |
|------|----|------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| From | To |                                                            |                                                   |                                                   |
|      |    |                                                            |                                                   |                                                   |
|      |    |                                                            |                                                   |                                                   |
|      |    |                                                            |                                                   |                                                   |
|      |    |                                                            |                                                   |                                                   |
|      |    |                                                            |                                                   |                                                   |
|      |    |                                                            |                                                   |                                                   |

#### 7. Other Relevant Courses and Training attended Lasting not Less than One (1) Week

| Year | Institution/College | Courses | Details and Duration |
|------|---------------------|---------|----------------------|
|      |                     |         |                      |
|      |                     |         |                      |
|      |                     |         |                      |
|      |                     |         |                      |

**8. Professional Membership**

| Professional Body | Membership/ Registration Number | Membership Type<br>(e.g. Associate, Full etc.) | Date of Renewal |
|-------------------|---------------------------------|------------------------------------------------|-----------------|
|                   |                                 |                                                |                 |
|                   |                                 |                                                |                 |
|                   |                                 |                                                |                 |
|                   |                                 |                                                |                 |

**9. Employment Details – where applicable (starting with the current or most recent)**

| Year                 |                    | Employer's Name | Position/Designation | Job Group/<br>Gross Monthly Salary (Ksh.) |
|----------------------|--------------------|-----------------|----------------------|-------------------------------------------|
| From<br>(dd/mm/yyyy) | To<br>(dd/mm/yyyy) |                 |                      |                                           |
|                      |                    |                 |                      |                                           |
|                      |                    |                 |                      |                                           |
|                      |                    |                 |                      |                                           |
|                      |                    |                 |                      |                                           |
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**10. Briefly state your current duties, responsibilities and assignments (if any)**


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11. Please give details of your abilities, skills and experience which you consider are relevant to the position applied for. The information may include an outline of your most recent achievements and your reasons for applying for this post

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## 12. Personal References

The names of distinguished persons should not be used unless they really know you well; the names of relatives or of those from whom you send testimonials should not be used. The names of members or staff of the Kisumu County Public Service Board should also not be used.

1. Full Name: .....

Address: .....Post Code .....City/Town.....

Telephone No:..... E-mail Address:.....

Occupation: .....

Period for which he/she has known you: .....

2. Full Name: .....

Address: .....Post Code .....City/Town.....

Telephone No: ..... E-mail Address.....

Occupation: .....

Period for which he/she has known you: .....

### **Declaration:**

I hereby certify to the best of my knowledge that the particulars given on this form are correct and I understand that any incorrect information may lead to disqualification/legal action.

Date: .....  
(dd-mm-yyyy)

.....  
Signature of the Applicant