REPUBLIC OF KENYA



COUNTY PUBLIC SERVICE BOARD

APPLICATION FOR EMPLOYMENT FORM

(for Enforcement Officers and Revenue Collectors)

Please complete all sections of this form in **BLOCK** letters as appropriate and submit to the Secretary, Kisumu County Public Service Board, P.O. BOX 7792, 40100 KISUMU, KENYA. Attach copies of your National ID, Academic Certificates, Testimanials and Clearance Certificates. (This form can be filled by typing in spaces provided then printed and signed)

1. Vacancy Applied For	paces provided then printe	a ana signea)		
1. Vacancy replace for				
Vacancy/Post:				
Ministry/Department				
2. Personal Details of the Applicant				
Name of applicant: (Surname)	(First Name)		er Name(s):	Title(Prof/Dr/Mr/Mrs/Miss/Ms/Rev
Date of BirthPIN NO	II	O/Passport No		Gender: Male
Nationality	Ethnicity		. Home County	
Home Sub-County		Home Ward		
Postal Address.	Postal Code	Town/Ci	ty	
Telephone	Mobile	Et	mail	
Alternative contact person.		Tele	phone	
Do you suffer from any physical impairment?	Yes	No		
If Yes, give; (i) Details/Nature of disability				
(ii) Registration No and Date for National	Council for People with I	Disabilities		
3. Applicants in the Public Service Only				
Ministry/Department/County Government/Otl	her Public Institutions			. County
Personal/Employment No	Present Substantive Po	ost		
Job group Effective date	(dd/mm/yyyy)			
Upgrading post (if applicable)			Effective	date(dd/mm/yyyy)
On Secondment (if applicable): Organization		Designation	1	Job group
Terms of Service: Permanent & Pensional	ole Contract	Temporary	Other, please	e specify
4. All other Applicants				
Current employer (if applicable)		Positio	on held	
. Effective date	Gross Salary (mc	nthly) Ksh		

(dd-mm-yyyy)

Have you ever been convicted of any criminal offences or a subject of probation order? Yes No								
		sed or otherwise remove			ves No			
If Yes, state	reason(s) for a	dismissal/removal					Effective da	ate
Have you e	ver been interv	riewed by Kisumu Count	y Public Service	Board	before? Yes	No		(dd/mm/yyyy)
If Yes, State	the Post						Interview date	
own merit))		-		from employment in Pub	lic Servi	ce. Each case will be	(dd/mm/yyyy) considered on its
6 Academi	ic /Profession	nal/Technical Qualific	ations (Starting	with	the Highest)			
	<i>l</i> ear	University/College/ Institution/School	Award/Attainn (e.g Degree, Diploma, Certificate)	nent	Courses (e.g PhD, Msc, BA)		ct(s), if applicable ı,Maths e.t.c)	Class/Grade Attained
From	То							
7 Other P	Poloviant Cours	see and Training atte	nded Lestine	a not	Loos than One (1)	Waal		
7. Other R	televani Cours			g noi	Less than One (1)	Week		
Year		Institution/College			Courses		Details and	d Duration
1								
ı								

5. Other Personal Details

fessional		

Professional Body	Membership/ Registration Number	Membership Type (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/ Gross Monthly Salary (Ksh.)	
From (dd/mm/yyyy)	To (dd/mm/yyyy)				

10. Briefly state your current duties, responsibilities and assignments (if any)
	a 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
12. Personal References	
The names of distinguished persons should not be used unless they reasend testimonials should not be used. <u>The names of members or staff</u>	
1. Full Name:	
Address:	CodeCity/Town
Telephone No:	E-mail address:
Occupation:	
Period for which he/she has known you:	
2. Full Name:	
Address: Po	st CodeCity/Town
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Terior for which he she has known you.	
<u>Declaration:</u>	
I hereby certify to the best of my knowledge that the particulars given may lead to disqualification/legal action.	on this form are correct and I understand that any incorrect information
Date:(dd-mm-yyyy)	Signature of the Applicant
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