



REPUBLIC OF KENYA
COUNTY GOVERNMENT OF NAKURU
NAKURU COUNTY PUBLIC SERVICE BOARD



PROVINCIAL PUBLIC WORKS BUILDING, OFF KABARAK NAKURU ROAD, ALONG PRISONS ROAD
P.O. BOX 2870-20100 NAKURU, KENYA

E-mail: cpsb@nakuru.go.ke

APPLICATION FOR EMPLOYMENT FORM

Instructions for applicant:

Please fill this form in **BLOCK** letters and do not leave any section blank, sections that do not apply should be marked N/A.

You are **ONLY** required to attach the following documents:

- i. A Copy of your National Identity card;
- ii. A Copy of your KCSE certificate; and,
- iii. A copy of your College/University Degree/Diploma/Certificate as applicable.
- iv. A copy of Professional Registration Certificates.

1. VACANCY APPLIED FOR

Vacancy applied for.....Vacancy No

Department.....

2. PERSONAL DETAILS OF THE APPLICANT

Name
(Surname) (First name) (Middle name)

ID No..... Date of Birth..... Gender.....
(dd-mm-yy)

Nationality..... Ethnicity.....

County..... Sub County Ward

Postal Address..... Code Town/ City

Mobile No..... E-mail..... Postal Address.....

Name of alternative contact person..... Mobile No

Are you a person with disability? Yes..... No..... (Tick as applicable)

If yes indicate; -

(i) Nature of disability

(ii) Details of registration with the National Council for Persons with Disability (Registration number).....

3. ACADEMIC QUALIFICATIONS (Starting with the highest)

YEAR		Name of institution attended (include Primary, Secondary, TVET, College, University.)	Qualifications (specify the degree, diploma, certificate awarded, KCSE, KCPE.)	Class/ Grade/ Score
FROM	TO			

4. PROFESSIONAL QUALIFICATIONS

YEAR		Name of Institution/Professional body	Area of specialization (e.g. Human Resource, Engineering, Medicine, Nursing, Law or any other)
FROM	TO		

5. CURRENT REGISTRATION/MEMBERSHIP TO PROFESSIONAL BODIES

Professional body	Membership Registration Number	Membership type: Associate, Full, Honorary or any other	Date of renewal of membership/license

6. TRAINING AND COURSES ATTENDED LASTING NOT LESS THAN TWO WEEKS (where applicable starting with the current or most recent)

YEAR	Name of institution	Name of Course/training	Duration of training/course

7. EMPLOYMENT DETAILS (where applicable starting with current or most recent)

Year		Designation/Position	Job/Group, Grade	Organization, County/State Department
From (dd-mm-yyyy)	To (dd-mm-yyyy)			

8. LIST TWO REFEREES

1. Full Name.....
Occupation.....
Mobile No.....E-mail address.....
Period for which the referee has known you.....

2. Full Name.....
Occupation.....
Mobile No.....E-mail address.....

9. DECLARATION

I certify that the particulars given on this form are correct and understand that any incorrect/misleading information may lead to disqualification and /or legal action.

Date
(dd-mm-yyyy) Signature of applicant