

## PUBLIC SERVICE COMMISSION

## APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Secretary, Public Service Commission, P.O.BOX 30095, 00100 NAIROBI, KENYA, or apply **On-line** via the Commission's Websites <a href="www.publicservice.go.ke">www.publicservice.go.ke</a> or <a href="www.psckjobs.go.ke">www.psckjobs.go.ke</a> (Do not attach copies of certificates and testimonials).

1. Vacancy Applied For			
Vacancy/Post:			Vacancy No:
Ministry:		State Department:	
2. Personal Details of the Applicant			
Name: (Surname)	First Name	Other Name(s)	
Date of Birth(dd-mm-yyyy)	ID No:	. PIN.NO	Gender: Male Female
Nationality:	Ethnicity	Home County:	
Sub County	Const	ituency:	
Postal Address:	Code:	Town	/City:
Telephone No:	Mobile No:	E-mail address	
Name of alternative contact person:		Telephone No	y
Are you living with a disability? Yes	No		
If yes, give; (i) Details/Nature of Disability:			
(ii) Details of Registration with the National	Council for People with Disabi	lities (Registration No. and dat	te)
3. Applicants in the Public Service onl	ly		
Ministry/State Department/ County/Other Pu	ıblic Institutions:		Station:
Personal/Employment No:	Present Substa	antive Post:	
Job group/Scale/Grade:	Date of Current Appointme	ent (dd-mm-yyyy)	
Upgraded post (where applicable):		effective date of previous app	oointment:(dd-mm-yyyy)
On Secondment (where applicable):Organisa	ntion:	Designation:	
Terms of Service: Permanent	t & Pensionable Con	ntract Other, Please	specify:
4. All other Applicants			
Current employer (where applicable):		Position held:	
Effective date:(dd-mm-yyyy)	Gross Salary (mont	hly) Ksh	

5. Other Personal Details									
Have you ever been convicted of any criminal offence or a subject of probation order? Yes No									
If Yes, state nature of offence, the year and duration of conviction									
Have you ev	er been disr	missed or otherwise removed	d from emp	oloyment?	Yes No				
If Yes, State	reason (s) f	or dismissal/removal				ei	fective dat		
								(dd-mm-yyyy)	
(Declaring on its own n		iformation will not necessar	rily debar	an applicant	from employment in the	e Public Service. E	ach case w	ill be considered	
6 Academi	ic Qualific	ations. (Starting with th	e Highes	t)					
0 Academi	e Quamica	ations. (Starting with th							
Y	Year University/ High School		Award/Attainment (e.g. Masters, Bachelors, Degree, KCSE)		Course/Programme (e.g. PhD, MSc, BA, O'Level)	(e. g Econ, M	Specialization/Subject (e. g Econ, Maths, Sociology e.t.c)		
From	То		HCSE)						
	1/65			<b>D.</b>				1	
7 Professio	onal/Techn	nical Qualifications/Cert	tifications	s Relevant	to the post. (Starting	with the Highest	:)		
Ye	ear			Award/Att		Specialization/Su (e. g Human Res	ıbject ource.	Class/Grade	
From	То	Institution		(e.g. Higher Diploma, Diploma, E			Engineering, Counselling		
8 Dolovon	t Courses	and Training attended	Lacting	not I ass the	on One (1) Week				
o Kelevali	i Courses	and framing attended	Lasuing 1	not Less un	an One (1) week				
Year	Univer	University/College/Institution			Name of Course			Details and duration	

. Current R	egistra	tion/Mer	nbership to Professional Bodies				
Professional	l Body Membership/Registration No.			Membership type (e.g. Associate, Full etc)		Date of Renewal	
					1255001400) 2 422		
. Employm	ent Det	ails - wh	nere applicable (starting with the	current	or most recent)		
Ye	ear	Job Group/Grade Designation/ Position /Scale Ministry/State		stry/State Department/ ution/ Organization			
From	1	Го		(Ksh.)			
(dd-mm- yyyy)	(dd-	mm- yy)					
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. Briefly state	e your cı	ırrent duti	es, responsibilities and assignments (if	any)			
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		••••••					
			lities, skills and experience which you achievements and your reasons for app			ion appl	lied for. This information may incl
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our Tel: +254-0	)20-2227	471-5, +2	54-020-2223901-4, 0724 253807, 0735	800282,	Fax: +254-020-2214	791, E	-mail: psck@publicservice.go.ke

13. Referees (people who have interacted with you	ou professionally)
1. Full Name:	
•	Post Code:City/Town:
	E-mail address:
•	. Post Code:City/Town:
	E-mail address:
13. Declaration	
	and understand that any incorrect /misleading information may lead to disqualification
and/or legal action.	
Date:	Signature of the Applicant
(dd-mm-yyyy)	Signature of the Applicant