

TAVEVO WATER & SEWERAGE COMPANY LTD

JOB APPLICATION FORM

Please complete this form in \boldsymbol{BLOCK} letters as appropriate

Position:	Refer				
2. Personal Details					
Name of applicant: Title:. Surname	First NameOther Name(s)	(Prof/Dr./Mrs./Miss	s/Ms/Rev)		
Date of Birth:Gender: Male(dd-mm-yyyy)	Female]		
Nationality:. ID No/Passport No:					
Address:Postal Code:					
Home County	Home Subcounty				
Home Ward					
Telephone	MobileE-mail ad	ldress			
Alternative contact person:Telepho	ne:				
3. Applicants in the Public Service	e only				
Ministry/Departmenl/Local Author	ity/Other Public Institutions: Station				
Present Substantive Post: Job Grou	p: effective date		(dd-mm-yyyy)		
effective date:			(dd-mm-yyyy)		
			(dd-mm-yyyy)		
Terms of Service: Perm	anent & Pensionable	Contract	Temporary		
Salary (Monthly) Ksh					
4. Applicants in Private/NGO/ (Other Sectors				
_					
Current employer:	Position held	effect	ive date		
Salary (monthly) Ksh			(dd-mm-yyyy)		

Other 1	Details					
dicate tl	he language(s)) you are proficient in.				
o you su	uffer from any	physical impairment? Y	Yes N	О		
f Yes, giv	ve details:					
lave you	ever been cor	nvicted of any criminal of	ffences or a subject of p	probation order? Yes	No]
		missed or otherwise remo]
		erviewed by Tavevo Wat				m-yyyy)
		terview date:		3		
onsidere	g the above in d on its own n	formation will not neces. terit)	saruy aevar an appuca	nt from employment in	Public Service. Each case	<u>will be</u>
onsidere	d on its own n	university/College/Institution/School	Award/Attainment (e.g Degree, Diploma,	e Highest)	Subject (Econ, Maths e.t.c)	Class/Grade
Acaden	d on its own n	nal/Technical Qualificat University/College/	tions (Starting with the	e Highest) Courses	Subject (Econ, Maths	
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mploymer Yo	nt History (s ear	tarting with the n Employer's N	nost recent empl lame	lover)	Position/ Rank/Designation	n/	Job Group/Gross Monthly Salary (Ksh.)
m	То						
		es, responsibilities a					
		bilities, skills and e		ou consider a	are relevant to the posi	tion applied	for. The information

Courses

Details

Year

Institution/College

1. Full Name:
Address:
Telephone No. E-mail address
Occupation
Period for which he/she has known you:
2. Full Name:
Address:
Telephone No: E-mail address:
Occupation:
Period for which /he/she has known you:
I hereby certify to the best of my knowledge that the particulars given on this form are correct and T understand that any incorrect information may lead to disqualification/legal action.
Name :

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.