Version (2022)



KENYA FISHERIES SERVICE

APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Director General, Kenya Fisheries Service, P.O.BOX 48511-00100 NAIROBI, KENYA

NB: (Do not attach copies of certificates and testimonials)

NB. (Do not attach copies of c	ter tilicates and testimomais)			
1. Vacancy Applied For				
Vacancy/Post:				Vacancy No:
2. Personal Details of the Appli	icant			
Name: (Surname)	First Name		Other Name(s):	Title:(Prof/Dr/Mrs/Mrs/Miss/Ms/Rev)
Date of Birth(dd-mm-yyyy)	ID No:	PIN.NO		Gender: Male Female Female
Nationality:	Ethnicity		Home County:	
Sub County	Cc	onstituency:		
Postal Address:	Code:		Town/City:	
Telephone No:	Mobile No:		.E-mail address:	
Name of alternative contact person:			Telephone No:	
Are you living with a disability? Ye	es No No			
If yes, give; (i) Details/Nature of Disability:		de		
(ii) Details of Registration with the N	ational Council for People with Di	isabilities (Registrat	ion No. and date)	
3. Current /Previous Employme	nt (Applicants in the Public S	Service only)		
Ministry/State Department/ County/C	Other Public Institutions:			Station:
Personal/Employment No:	Present Su	ubstantive Post:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Job group/Scale/Grade:	Date of Current Appoin	ntment (dd-mm-yyyy)		
Upgraded post (where applicable):		effective date	of previous appointm	ent: (dd-mm-yyyy)
Terms of Service: Per	manent & Pensionable	Contract	Other, Please specif	y:

4. Curi	ent /Previou	s Employment (All o	ther App	licants-Priva	ate)			
Current ei	mployer (where	e applicable):	•••••	• • • • • • • • • • • • • • • • • • • •	Position held:			
Effective	date:	***************************************						
o. Other =	Personal De	etails ————————————————————————————————————						
Have you	ever been con	victed of any criminal of	fence or a s	ubject of prob	ation order? Yes	No		
f Yes, sta	ate nature of of	fence, the year and durat	tion of conv	viction]	***************************************	
	***************************************		••••••	***************************************				
lave you	ever been disn	nissed or otherwise remo	ved from er	mployment?	Yes	No		
Yes, Sta	ate reason (s) fo	or dismissal/removal	•••••			effecti		
Doolanin		£					(dd-mm-yyyy)	
its own	ig tne above in i merit)	Jormation will not neces	ssarily deba	ir an applican	t from employment in t	he Public Service. Each c	ase will be considerea	
Acaden	nic Qualifica	tions. (Starting with	the Highe	st)	The state of the second	20 E-0 212		
74 1-1			Award	//Attainment				
			iversity/ (e.g. Master gh School Bachelors, I		Course/Programme (e.g. PhD, MSc, BA,	(e. g Econ, Maths,		
From	То			KCSE) O'Level)		Sociology e.t.c)		
rofessi	ional/Technic	cal Qualifications/Ce	rtification	s Relevant t	a the nest (Starting	with the High set)	WEEK TO THE TOTAL PROPERTY OF THE TOTAL PROP	
	/ear							
From To		Institution		Award/Attainment (e.g. Higher Diploma, Diploma,		Specialization/Subject (e. g Human Resource	Classic	
rom	m To			Certificate)	Engineering, Counsell e.t.c)	ing	
Relevan	it Courses an	d Training attended	Lasting r	ot Less that	n One (1) Week	Control of the		
V are			THE STATE		8			
ar	Universit	University/College/Institution			ame of Course	Deta	Details and duration	

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Professional Body		Membership/Registration No.		Membership type (e.g. Associate, Full etc)		Date of Renewal
Employm Ye		ere applicable (starting with the	Job G /Scale	or most recent) roup/Grade Monthly Salary	Ministry Institution	y/State Department/ on/ Organization
From ld-mm- yyyy)	To (dd-mm- yyyy)					
Briefly state	your current dutie	s, responsibilities and assignments (if any)			
lease give d	etails of your abilit	ies, skills and experience which you chievements and your reasons for ap	consider re	elevant to the position	on applied	for. This information may
					••••••	
	ress: 13 th Floor					

<u></u>	
Referees (people who have interacted with you professi	onally)
1. Full Name:	
	le:City/Town:
	E-mail address:
	s
	City/Town:
	E-mail address:
13. Declaration	
I certify that the particulars given on this form are correct and understand/or legal action.	and that any incorrect /misleading information may lead to disqualification
Date	
Date:(dd-mm-yyyy)	Signature of the Applicant

Physical Address: 13th Floor NHIF Building, Ragati Road -Nairobi