P.O. Box 92 - 40200 KISII, KENYA

Website: <u>www.ktrh.go.ke</u> Email: careers@ktrh.go.ke

APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in BLOCK letters and submit to:

The Chief Executive Officer Kisii Teaching and Referral Hospital P.O Box 92 - 40200 Kisii, Kenya

OR

Scan and apply online via www.ktrh.go.ke/vacancies

For all applications, please indicate the subject as follows: - JOB APPLICATION - [JOB REFERENCE NUMBER] (Do NOT attach copies of certificates and testimonials)

1. Vacancy Applied For
Vacancy/ Post:
Job Reference No:
2. Personal Details of the Applicant
Name:
(Surname) (First Name) (Other Names) (Prof/Dr/Mr/Mrs/Miss/Ms/Rev)
Date of Birth:
Nationality: Home County:
Postal Address:
Telephone No:
Name of alternative contact person:Telephone No:
Are you living with a disability? Yes No No lif yes, give (i) Details/ Nature of Disability:
(ii) Details of Registration with the National Council for People with Disabilities (Registration No. and date)

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3. Applicants from the Public Service Only						
Ministry/ State Department/ County/ Other Public Institutions:						
Persona	ıl/ Empl	oyment No:	Pr	resent Substantive Pos	it:	
Terms of Perman	Job group/ Scale/ Grade:					
4						
4. All o	other a	pplicants				
Current	employ	ver (where applicable):		Position h	neld:	
Effectiv	e date: .	(dd-mm-yyyy)	Gross	Salary (monthly) Ksh	:	
5. Oth	er Pers	onal Details				
	state na	ture of offence, the ye	y criminal offence or a su ar and duration of convi	ction	•••••	
	Have you ever been dismissed or otherwise removed from employment? Yes No No If Yes, State reason (s) for dismissal/removal effective date:					
	_	above information wi on its own merit)	ll not necessarily debar	an applicant from er	mployment at KTRH.	Each case will
6. Aca	demic (Qualifications (Starti	ng with the highest q	ualification)		
Ye	ear To	University/ High school	Award/ Attainment (e.g. Masters, Bachelors, KCSE)	Course/Programme (e.g. PhD, MSc, BA, O' Level)	Specialization/Subject (e.g. Econ, Maths, Sociology etc.)	Class/ Grade
			,	,	0,	

7. Ong	7. Ongoing Academic/Professional Studies (If currently undertaking a course)						
Start Date	Expected Date of Completion	Institution	Award/ Attainment (e.g. PhD, Masters, Bachelors, Higher/Post graduate Diploma, Diploma, Certificate)	Course/Programme (e.g. PhD, MSc, BA, O' Level)	Specialization/Subject (e.g. Econ, Maths, Sociology etc.)	Current level of studies	Mode of Studies (Fulltime/Parttime)
O. Duefe	2 Professional / Technical Qualifications / Cartifications Delevant to the Doct (Starting with the highest)						

.,			August / Attainment /o a	Specialization/ Subject (e.g.	
rom	ear To	Institution	Award/ Attainment (e.g. Higher Diploma, Diploma, Certificate)	Human Resource, Engineering, Counselling, Medicine etc.)	Class/ Grade

Year		I hair regulator / College / Institution	Name of Course	Details and duration
From To		University/ College/ Institution	Name of Course	Details and duration

Professional Body Membership / Registration No. Membership type (e.g. Associate, Full etc.) Date of Renewal Full etc.)

T	11. Employment Details - where applicable (starting with the current or most recent)						
	Year		Designation/ Position	Job Group/ Grade/ Scale/ Gross Monthly Salary (Ksh.)	Ministry/ State Department/		
	From	То		Gross Monthly Salary (Ksn.)	Organization		

12.	Briefly state your current duties, responsibilities, and assignments (if any)
•••••	
13. for. T this p	Please give details of your abilities, skills, and experience which you consider relevant to the position applied his information may include an outline of your most recent achievements and your reasons for applying for post.

www.ktrh.go.ke

14. Referees (People who have interacted with you professionally)				
1.	Full Name:			
-				
		Postal Code: City/Town:		
Mobil	e No:	E-mail address:		
Perioc	d for which the referee has known y	/ou:		
2.	Full Name:			
	Postal Co	ode: City/Town:		
Mobil	e No:	E-mail address:		
Period	d for which the referee has known y	/ou:		
3.	Full Name:			
Addre	ess:	Postal Code: City/Town:		
Mobil	e No:	E-mail address:		
Perioc	d for which the referee has known y	/ou:		
15. D	eclaration			
	fy that the particulars given on thi nation may lead to disqualificatior	is form are correct and understand that any incorrect /misleading n and/or legal action.		
Date:	(dd-mm-yyyy)	Signed:(Signature of the Applicant)		
A	All communication to potential ca	andidates will STRICTLY be done through KTRH's official emails/ telephones.		
		nvassing will lead to immediate disqualification. H is an Equal Opportunity Employer		

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