



VETERINARY MEDICINES DIRECTORATE

APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in **BLOCK** letters together with detailed curriculum vitae, copy of National Identification card, copies of academic and professional certificates and other testimonials and submit to the Chief Executive Officer, Veterinary Medicines Directorate P.O. Box 66171-00800 Westlands, Nairobi or send via Email:

recruitment@vmd.go.ke

1. Vacancy Applied For

Vacancy/Post: Vacancy No:

2. Personal Details of the Applicant

Name: Title:
(Surname) First Name Other Name(s): (Prof/Dr/Mr/Mrs/Miss/Ms/Rev)

Date of Birth..... ID No:..... PIN.NO. Gender: Male Female
(dd-mm-yyyy)

Nationality:..... Ethnicity Home County:.....

Sub County Constituency:.....

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? Yes No

If yes, give;

(i) Details/Nature of Disability:.....

(ii) Details of Registration with the National Council for People with Disabilities (Registration No. and date).....

3. All other Applicants

Current employer (where applicable):..... Position held:.....

Effective date: Gross Salary (monthly) Ksh.....
(dd-mm-yyyy)

8. Current Registration/Membership to Professional Bodies

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

9. 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/ Institution/ Organization
From (dd-mm-yyyy)	To (dd-mm-yyyy)			

10. Briefly state your current duties, responsibilities and assignments (if any)

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11. Please give details of your abilities, skills and experience which you consider relevant to the position applied for. This information may include an outline of your most recent achievements and your reasons for applying for this post.

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11. Referees (people who have interacted with you professionally)

1. Full Name:.....
Occupation:.....
Address:.....Post Code:.....City/Town:
Mobile No:..... E-mail address:.....
Period for which the referee has known you:.....

2. Full Name:.....
Occupation:.....
Address:..... Post Code:.....City/Town:
Mobile No:..... E-mail address:.....
Period for which the referee has known you:.....

12. 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)

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Signature of the Applicant