

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

(dd-mm-yyyy) Nationality: Ethnicity Home County: Sub County Constituency: Code: Town/City: Celephone No: E-mail address: Name of alternative contact person: Telephone No: Telephone No: Telephone No: Are you living with a disability? Yes No f yes, give; Details/Nature of Disability: Details/Nature of Disability: 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:					
(dd-mm-yyyy) Nationality:					
Costal Address:		PIN.NO		.Gender: Male	Female [
Felephone No:	Ethnicity	Н	Iome County:		
Name of alternative contact person: Are you living with a disability? Yes No Details/Nature of Disability: ii) Details/Nature of Disability: iii) Details of Registration with the National Council for People with Disabilities (Registration No. and date). 3. All other Applicants Current employer (where applicable): Effective date: Gross Salary (monthly) Ksh.	·	Constituency:			
Are you living with a disability? Yes No 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): Current employer (where applicable): Current date: Current employer (where applicable): Current employer (where app	ress:	ode:	Town/City:		
If yes, give; (i) Details/Nature of Disability: (ii) Details of Registration with the National Council for People with Disabilities (Registration No. and date)	No:Mobile No	:	E-mail address:		
if yes, give; (i) Details/Nature of Disability: (ii) Details of Registration with the National Council for People with Disabilities (Registration No. and date)	ernative contact person:		Telephone No:		
Details/Nature of Disability:	ing with a disability? Yes No				
3. All other Applicants Current employer (where applicable):					
3. All other Applicants Current employer (where applicable):	of Registration with the National Council for Peo	ple with Disabilities (Registration	on No. and date)		
Effective date:	er Applicants				
	ployer (where applicable):	Position held:			
		ss Salary (monthly) Ksh			

4. 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 heen dism	nissed or otherwise remove	d from emi	nlovment?	Yes No	,		
							CC4: 1	-
if Yes, State	reason (s) i	or dismissal/removal				e	Hective da	(dd-mm-yyyy)
		formation will not necessa	rily debar	an applican	nt from employment in the	Public Service. Ed	ch case wi	ll be considered
on its own m	,							
5 Academic	Qualificat	tions. (Starting with the	e Highest)				
				Attainment	Course/Programme	Specialization	/Subject	
Ye	ear	University/ High School		rs, Degree,	(o a DhD MSo DA	(e. g Econ, Ma Sociology e.t.	aths,	Class/Grade
From	То		KCSE)		O Levely	Buciology e.m.		
6 Profession	nal/Techni	cal Qualifications/Cert	ifications	s Relevant	to the post. (Starting v	with the Highest)		
Ye	ar			Award/A	ttainment	Specialization/Su		
F	T	Institution		(e.g. High	ner Diploma, Diploma,	(e. g Human Rese Engineering, Cou		Class/Grade
From	То			Certificat	(e)	e.t.c)		
7 Relevant	Courses a	nd Training attended	Lasting r	ot Less th	an One (1) Week			
- 11010 / 6111					(1) // 6612			
Year	Univers	ity/College/Institution			Name of Course	Details and duration		
							<u> </u>	

8. Current Registration/Membership to Professional Bodies							
Professional	Body		Membership/Registration No.		Membership type Associate, Full		Date of Renewal
					Associate, Fun	cic)	
9. Employ	ment D	etails -	- where applicable (starting with the	e curren	t or most recent)		_
	ear		Designation/ Position	Job G /Scale	roup/Grade Monthly Salary		stry/State Department/ aution/ Organization
From (dd-mm-		Го ·mm-		(KSII.)			
yyyy)		yy)					
10 Briefly state	a vour ci	ırrent du	tties, responsibilities and assignments (if	anv)			
10. Briefly state			nies, responsionities and assignments (n				
			oilities, skills and experience which you on t achievements and your reasons for app			on appl	ied for. This information may include
			, , , , , , , , , , , , , , , , , , , ,		1		
Voterin	/	20 Di	Octomato, D.O. Day, 66171,00000				
vetermary IV	realcin	es Dire	ectorate: P.O. Box 66171-00800:				

11. Referees (people who have int	eracted 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	r
2. Full Name:	
Occupation:	
Address:	Post Code: City/Town:
Mobile No:	E-mail address:
Period for which the referee has known you	<u>:</u>
12. Declaration	
I certify that the particulars given on this for and/or legal action.	rm are correct and understand that any incorrect /misleading information may lead to disqualification
Date:(dd-mm-yyyy)	Signature of the Applicant
Veterinary Medicines Directorate:	P.O. Box 66171-00800: