

COUNTY GOVERNMENT OF NYERI

COUNTY PUBLIC SERVICE BOARD

APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Secretary, County Public Service Board, P.O.BOX 90- 10100 NYERI, KENYA, (Attach copies of your certificate, etc.).

\$2			
1. Vacancy Applied For			
Vacancy/Post:		Vacancy N	lo:
2. Personal Details of the Applicant			
Name:		Title:	
(Surname)	First Name		Or/Mr/Mrs/Miss/Ms/Rev)
Date of BirthID	No: PIN.NO.	Gender: Male	Female
Nationality:	Ethnicity	Home County:	
Sub County	Constituen	.cy:	
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;	2/2		
(i) Details/Nature of Disability:			
(ii) Details of Registration with the Nationa	al Council for People with Disabilities	s (Registration No. and date)	
5. Applicants in the Fublic Service of	my		
Department/		Station:	
Personal/Employment No:	Present Substantive	e Post:	
Job group/Scale/Grade:	Date of Current Appointment (do	l-mm-yyyy)	
Upgraded post (where applicable):			
epgraded post (where appreaded)			(dd-mm-yyyy)
On Secondment (where applicable):Organis	sation:	Designation:	Job Group/Grade:
Terms of Service: Permane	nt & Pensionable Contrac	t Other, Please specify:	
4. All other Applicants	80		
Current employer (where applicable):	Po	osition held:	
Effective date:			
(dd-mm-yyyy)	Siess saidi's (monthly)		

5. Other Po	ersonal De	tails (applicable to all :	applicant	ts)				
Have you ev	er been conv	victed of any criminal offen	ce or a sub	oject of prob	ation order? Yes	No 🔲		
If Yes, state	nature of off	fence, the year and duration	of convic	tion				
Have you ev	er been disn	nissed or otherwise removed	d from emp	ployment?	Yes	(2) (2)		
If Yes, State	reason (s) fo	or dismissal/removal			12 = 13	ef	fective date	e
								(dd-mm-yyyy)
(Declaring to on its own m		formation will not necessa	rily debar	an applican	nt from employment in the	e Public Service. Ed	ach case wi	ill be considered
6 Academi	c Qualifica	ations. (Starting with th	e Highes	t)				
			Award/	Attainment			<i>1</i> 2	·
Ye	Year University/ High School		(e.g. Masters, Bachelors, Degree, KCSE)		Course/Programme (e.g. PhD, MSc, BA, O'Level)	Specialization (e. g Econ, Ma Sociology e.t.	aths,	Class/Grade
From	То							
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	8				8			
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	20,	*						7
7 Professio	onal/Techn	ical Qualifications/Cert	tification	s Relevant	to the post. (Starting	with the Highest	:)	
Year Specialization/Subject								
Ye	ear			Award/At	ttainment			٠
From	To	Institution		Award/At (e.g. High Certificate	er Diploma, Diploma,	Specialization/Su (e. g Human Reso Engineering, Cou e.t.c)	ource,	Class/Grade
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From	To t Courses:		Lasting r	(e.g. High Certificate	er Diploma, Diploma,	(e. g Human Rese Engineering, Cou	ource, inselling	Class/Grade
From 8 Relevan	To t Courses:	and Training attended	Lasting r	(e.g. High Certificate	an One (1) Week	(e. g Human Rese Engineering, Cou	ource, inselling	
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Professional B	Podr.	Mombonalin/Desigt at 1		Membership typ	e (e.g.	Date of Renewal	
	sody	Membership/Registration No.			etc)	2400 02 20020 11 02	
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Employme	nt Details - wh	ere applicable (starting with the					
		Desired of Berther	Job G	roup/Grade	3.6.	1 101 1 P	
Yea	ır	Designation/ Position		/Scale Gross Monthly Salary		Ministry/State Department/ Institution/ Organization	
				(Ksh.)		Institution Organization	
From	To						
dd-mm-	(dd-mm-						
yyyy)	уууу)		*				
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Please give do	etails of your abil	lities, skills and experience which you	ı consider		on appli	ied for. This information may inc	
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1.					
Full Name:					
Occupation:					
Address:	Post Code:	C	ity/Town:		
Mobile No:		E-mail address:			
Period for which the referee has know	wn you:				
2.					
Full Name:					
Occupation:					
Address:	Post Code:	C	ity/Town:		
Mobile No:		E-mail address:			
Period for which the referee has know	wn you:				
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)		Signature of the App			

TO,

THE SECRETARY,

NYERI COUNTY PUBLIC SERVICE BOARD,

FORMER DIVISION SUPPLIES OFFICES,

TELEPHONE NO: 0745342000,

PO BOX 90 - 10100,

NYERI.

Website - www.nyeri.go.ke